

Mackenzie Wildfire Response - Profile Sheet

Individual requiring assistance information

Full Name

Date of Birth

Address

Phone Number

Emergency Contact

Emergency Contact phone number

Physician Name

Physician phone number (If available)

Disability

Diagnosis/Condition

Complexity Ranking

Risk Factors

Mobility

Transportation Requirements

Notes/Additional Requirements/Comments

Print Name

Signature

I agree to release information about mobility issues and agree to have emergency services come into my home in case of emergency

Date

This information is being collected for use in the event of an Emergency Evacuation within the district of Mackenzie. All Information is private and confidential. District of Mackenzie Emergency Team will be granted access in the event of an Emergency.

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