

DURHAM COUNTY EMERGENCY MANAGEMENT AGENCY

PEOPLE WITH SPECIAL CARE NEEDS VOLUNTARY REGISTRATION

Durham County Emergency Management

Special Care Needs Registry
2422 Broad Street
Durham, NC 27704
Phone: (919) 560-0660

For Emergency Management Use Only

File # _____
Date of Registration _____

Do Not Write Above This Line

Name _____ Age _____ Weight _____

Physical Address _____

City _____ Zip _____ Phone _____

TDD/TDY (for hearing impaired) _____ yes _____ no

Mailing Address (if different from above) _____

Emergency Contact Person _____ Phone (H) _____ (W) _____

Primary Language _____

Check applicable medical disabilities:

Ambulatory _____ yes _____ no

Bedridden _____ yes _____ no

Ambulatory with assist _____ yes _____ no
(walker, can, wheelchair, etc)

Non-Ambulatory _____ yes _____ no

_____ Hearing impaired _____ Sight Impaired

_____ Contagious Disease _____ Speech Impaired

Specify other disabilities: _____

Check if you require the following:

_____ Life Support _____ Dialysis

_____ Insulin _____ IV Fluids

_____ Feeding Tube _____ Suction Unit

_____ Special Diet (if yes, what type) _____

_____ Oxygen – if yes, hours daily # _____

Do you have a portable tank? _____ yes _____ no

Do you have a concentrator? _____ yes _____ no

Require a 24-hour care-giver _____ yes _____ no

Primary Physician _____ Phone _____

Home Health Care Provider _____ Phone _____

Pharmacist _____ Phone _____

Can you get to an evacuation shelter: _____ yes _____ no

If no, check the appropriate transportation type needed:

_____ standard vehicle (bus, car) _____ ambulance

_____ wheelchair equipped

Will a caregiver accompany you to the evacuation shelter: _____ yes _____ no

FIRE DISTRICT (if known)

I certify that the above information is correct. I hereby grant permission to Durham County Emergency Management Agency to release this information to other emergency response agencies.

Signed _____ Date _____