Emergency Fax

Personal information: (please fill in immediately)

☐ deaf
☐ hearing impaired
☐ mute

Name: _____

First name: _____

Date of birth: _____

Street name: _____

Floor: (e.g. 1st floor left) _____ (important for fire department)

Room no. _____ (for high-rise buildings, retirement homes, etc.; if available)

Location and district _____

Fax no. with area code: _____

General practitioner

Name: _____

Telephone: _____

In an emergency, please inform:
☐ deaf ☒ hearing

Name: _____

First name: _____

Telephone: _____

Fax: _____

Street name: _____

Location and district: _____

Fill out here if EMERGENCY:

I need immediately

☐ Police

☐ Ambulance

☐ Emergency doctor

☐ Fire department

Where ?

☐ at my place

☐ in my street (outside)

Why ?

☐ Illness / injured

☐ Robbery / burglary

Please do not ask any questions, just confirm receipt.
Thank you very much!

_____