Anthony I. Garreffi Ir. Chief of Police

POLICE NEW JERSEY

Sea Isle City Police Department

233 John F. Kennedy Boulevard, 1st Floor Sea Isle City, New Jersey 08243

Police: (609)-263-4311 www.seaislecitynj.us

Citizen Call Check (C.C.C.) Application & Senior Residents/Infirmed/Special Aceds

Medical Questionnaire & Update

Name:			T	oday's Date:		
			Sea Isle City, NJ 08243			
			Date of Birth:			
			Telephone Number:			
			Telephone Number:			
PERSONAL MEDICAL 1	<u>INFORMA</u>	<u>TION</u>				
Please list all prescription	medication	n that you are	presently taking:			
PLEASE HAVE MEDIO	CINE AVA	AILABLE FO	OR EASY ACCESS, (II	N CASE OF	AN EME	RGENCY)
In an emergency situation	or fire, wil	ll you need ass	sistance to evacuate you	r dwelling:	YES	NO
ARE YOU:			DO YOU HAVE:			
LIVING ALONE?	YES	NO	HOSPICE CAR	HOSPICE CARE:		NO
AMBULATORY?	YES	NO	VISITING NUR	VISITING NURSE CARE		NO
N A WHEEL CHAIR?	YES	NO	REGULAR ASS	GULAR ASSISTANCE:		NO
BEDRIDDEN?	YES	NO	A PET?		YES	NO
			Cat	_ Dog	_ OTHER	
In the event of an emerger	ncy, what is	s your hospita	l preference?	Cape Regio	onal Medica	al Center
				Shore Men	norial Hospi	ital
Please list any special med	dical condi	tions or perso	nal medical requirement	ts:		
Closest Relative to be notified:				Closest Friend to be notified:.		
Name:						
Address:						
City, State, Zip						
Telephone Number:						
Relationshin:						