



Farmington Valley Health District Health Alert Network (HAN) – Registration Form

The information you provide on this form is solely for the purpose of the FVHD Health Alert Network (HAN). Your information will remain secure and will not be shared with anyone outside of FVHD. Your participation in our local HAN will enhance our emergency response efforts and help to further protect our residents by providing valuable public health information in a timely manner. We greatly appreciate your help in this effort.

Name of Participant: _____

Occupation (Check all that apply):

- Physician PA RN APRN Veterinarian
 Pharmacist School Nurse VNA Mental Health Professional
 Acute Care Facility Long Term Care Facility Day Care Center
 EMT Emergency Responder Emergency Manager
 Town Official Municipal Agency Other: _____

Position / Title: _____

Area of Specialty: _____

Agency Address: _____

Fax*: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Work E-mail*: _____

Personal E-mail*: _____

Pager: _____

(*most health alerts will be transmitted via fax or email)

Please send completed form by **mail** or **fax** to:

FVHD • P.O. Box 529 • 50 Avon Meadow Rd. • Avon, CT•06001

Fax: (860) 676-2131 (*Attn: Emergency Preparedness)

Additional copies of this form can be found on our website: www.fvhd.org