

# Farmington Valley Health District Health Alert Network

## Contact Data Form

**Name of Participant:** \_\_\_\_\_

**Occupation:**

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

**Agency Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Participant's Position / Title and Area of Specialty:**

\_\_\_\_\_

***The contact data that you provide on this form for the purpose of the Health Alert Network (HAN) will remain secure and will not be shared with anyone outside of the health department's office.***

**Business Phone:** \_\_\_\_\_

Secondary Telephone: \_\_\_\_\_

**Office Fax:** \_\_\_\_\_

Office Em ail: \_\_\_\_\_

Cell Phone (optional): \_\_\_\_\_

Pager: \_\_\_\_\_

Home Phone (optional): \_\_\_\_\_

Please include any additional comments in the space provided:

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At the present time, do you receive updates on emerging health issues or emergency planning communications from any of the following?

Government Agencies     Professional Associations     Work Related

Other: \_\_\_\_\_

Please **Mail** to: FVHD - 95 River Road - Suite C - Canton, CT 06019  
or **FAX** to:(860) 352-2542

Your participation in this Health Alert Network will enhance our emergency response efforts and further protect our citizens. The Farmington Valley Health District greatly appreciates your help in this effort.