

Treasury Documentation

Subject: Form 1876 Medical Emergency Notification Record,
Storage and Access

For: EMPLOYEE, SAFETY AND HEALTH,
and SUPERVISOR HANDBOOKS

Also See: CT-03050, 51;
PT-03129

Identification ET-03071
Policy
Effective Date 3-1-2013
Replaces ET-03071 (4-1-2009)

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Medical Emergency Notification Record (Form 1876) (see attached sample form) is issued to all new Department of Treasury (Treasury) employees by Office of Human Resources (HR) and can also be obtained on Treasury's Intranet. The completed 1876s provide information needed by medical emergency personnel to properly treat employees in the event of incapacitating illnesses or injuries. They also specify who should be notified in the event of a medical emergency. Completion of the 1876 is **strongly encouraged**. The information on 1876s is confidential.

Supervisors should direct employees with changes in medical history to obtain and complete new 1876s from the HR Intranet site under "Forms." Old 1876s should be destroyed and replaced with the updated 1876.

1876s must be stored at a central location within the work unit, preferably near the first-line supervisor's workstation. An employee's 1876 should **not** be stored at a location remote from the employee. Supervisors are responsible for ensuring their employees' 1876s can be made available promptly to Treasury First Aid/CPR Responders in medical emergencies.

Supervisors are responsible for maintaining security against unauthorized access to 1876s and also for ensuring that all employees in the work unit know where the 1876s are kept and who is authorized to have access to them. Individuals who should have authorized access to the 1876s may include:

1. The supervisor
2. The supervisor's secretary, if any
3. Co-workers authorized by the supervisor
4. Treasury First Aid/CPR Responders.

Locations where 1876s are kept must be identified with the labels developed by the Departmental Safety and Health Committee. These labels may be obtained from HR when needed.

Reset Form

Michigan Department of Treasury
1876 (Rev. 1-08)

Name (Last, First, M.I.)

Medical Emergency Notification Record

Instructions to Employee: Please complete this form, including the boxes at the right. Give original to your supervisor to keep on file. If you are incapacitated by illness or injury during work hours, the information on this form will help those in attendance to contact your physician or family promptly. It will also enable medical personnel to give you proper care.

Note that completing this form is optional. You are not required to fill it out, but please sign and date it and return it to your supervisor if you choose to leave it blank.

Instructions to Supervisor: When illness or injury occurs, consult the Medical Emergency Instructions for your location, which should be posted in your work area. Keep a copy of this form on file in a convenient location near the employee's work area. The information it contains should remain **confidential**.

Please type or print.

I have the following condition(s) which medical personnel should be advised in case of an emergency: (e.g., heart disease, pacemaker, diabetes, allergies, etc.)	I take the following medication(s):	I carry a supply of the medication with me.	
		YES	NO

Are you allergic to any medications? (If so, list here)

Birthdate _____ Age _____ Date of Last Tetanus Shot _____

If hospital treatment is required, take me to: _____

My Primary Physician is: _____ Other Physician _____

Telephone (Area Code & Number) _____ Telephone (Area Code & Number) _____

My health care insurer or provider is: (Please write in name of insurer or provider)

If I am incapacitated by illness or injury, please call the following individual

First Call		If unavailable, then call	
Name		Name	
Address		Address	
Telephone		Telephone	
Work: Area Code & Number		Work: Area Code & Number	
Home: Area Code & Number		Home: Area Code & Number	

Employee Authorization: I hereby authorize the release of the above information to qualified medical personnel in the event I am incapacitated by illness or injury and am unable to communicate.

Employee Signature _____ Date _____

Please check the appropriate boxes if you have a current certificate for any of the following:
 First Aid CPR Emergency Medical Technician (EMT)
 If you hold a current certificate for any of the above and are willing to assist in an emergency, please indicate at right

Name (Last, First, M.I.)