

Laboratory Visitor Emergency Contact Form

Instructions: Please complete this form prior to entering the laboratory. This information is required for safety compliance and will only be used in the event of an emergency. Please print this form after filling out the fields.

Visitor Information

Full Name:

Phone Number:

Email Address:

Institution, Company, or Affiliation:

Laboratory Host / Sponsor Name:

Date of Visit:

Primary Emergency Contact

Emergency Contact Full Name:

Relationship to Visitor:

Primary Phone Number:

Alternative Phone Number:

Secondary Emergency Contact (Optional)

Emergency Contact Full Name:

Relationship to Visitor:

Phone Number:

Medical Information & Allergies (Voluntary)

Provide any critical medical information (e.g., severe allergies, medical conditions) that first responders should know in an emergency.

Allergies or Relevant Medical Conditions:

Authorization and Signatures (For Print)

By signing below, I certify that the information provided is correct and I authorize laboratory staff to contact the individuals listed above in the event of an emergency.

Visitor Signature:

Sign here after printing

Date:

MM/DD/YYYY