

Rescue Squad

WESTBURY FIRE DEPARTMENT

INFORMATION SURVEY

DISABLED / BED CONFINED
WHEEL CHAIR CONFINED / SPECIAL NEEDS OCCUPANT

DISABLED PERSON'S INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE : _____ AGE: _____

Bed Confined ? : Yes _____ No _____

Wheel Chair Confined ? : Yes _____ No _____

Oxygen / Respiratory Equipment Required: Yes _____ No _____

If yes, describe: (Ex. Oxygen, Vent, etc.)

SPECIAL NEEDS OCCUPANT – Describe Condition: _____

(Autistic / Deaf / Blind, etc.)

LOCATION OF HANDICAPPED PERSON IN HOUSE?

(1st floor, 2nd floor, bedroom, living room, rear or front side of house, etc. ?)

EMERGENCY CONTACT PERSON'S INFORMATION:

NAME: _____

TELEPHONE #: _____ (Home #) _____ (Cell #)

Please notify WFD if any change in patient's status
or if that person no longer resides at address.

All the above information is kept in our Dispatch Database
strictly for use when responding to indicated address.