

CRO PERSONAL INFORMATION FORM

The following information will be kept confidential and is for safety and emergency purposes to be used by the Operators of CRO.

Full Legal Name _____

Date of Birth _____ / _____ / _____

Phone Number(_____) _____

Email Address _____

Emergency Contact Name _____

Relationship to Emergency Contact _____

Emergency Contact Phone Number(_____) _____

Alternate Contact Number(_____) _____

The following information is optional but is strongly recommended to be included here in case of emergency situations and will be kept confidential unless an emergency calls for this information to be shared with medical personnel or the CRO Staff for safety purposes. Continue on back of form if you run out of space.

Phobias (for purposes of not including these elements in plot specifically involving your character):

Dietary Needs and Restrictions (including food allergies):

Other allergies:

Medical Conditions and medications (for purposes of identifying emergency medical situations and to give to emergency medical personnel in case of emergency):