

Contractor Information

Full Name: _____
Company Name (if applicable): _____
Job Site Location: _____
Assigned Supervisor: _____
Phone Number: _____
Email Address: _____
Date of Birth: _____
Blood Type (Optional): _____
Known Allergies/Medical Conditions (Optional): _____

Primary Emergency Contact

Full Name: _____
Relationship to Contractor: _____
Phone Number: _____
Alternate Phone Number: _____
Email Address (if available): _____

Secondary Emergency Contact (Optional)

Full Name: _____
Relationship to Contractor: _____
Phone Number: _____
Alternate Phone Number: _____
Email Address (if available): _____

Medical & Safety Information (Optional)

Primary Care Physician: _____
Physician Phone Number: _____
Preferred Hospital (if applicable): _____
Any Additional Medical Instructions: _____

Authorization for Emergency Medical Treatment

In the event of a medical emergency where I am unable to communicate, I authorize Lisscombe Solutions, LLC, the designated site supervisor, or emergency personnel to seek **immediate medical treatment** on my behalf. I understand that Lisscombe Solutions, LLC is not responsible for medical costs incurred as a result of an emergency.

Severe Injury & Incident Reporting Requirement

I acknowledge that any **serious injury, hospitalization, or fatality** occurring on a job site must be **immediately reported** to my assigned supervisor, the prime contractor, and **OSHA if applicable**, in accordance with federal and

state regulations. I agree to cooperate fully with any safety investigations or reporting requirements following an incident.

Government Job Site Emergency Procedures

If performing work on a **government-regulated or federally funded project**, I acknowledge that I must adhere to **all job site-specific emergency protocols** and follow **prime contractor emergency response plans** in case of an accident, natural disaster, or security-related event.

Acknowledgment & Consent

I acknowledge that the information provided above is accurate to the best of my knowledge. In the event of an emergency, I authorize Lisscombe Solutions, LLC or its designated representatives to contact the persons listed above. I also understand that this information will be kept confidential and used solely for emergency purposes.

Contractor Signature	Lisscombe Solutions, LLC Representative
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____
	Title: _____

This form must be completed and submitted before commencing any work under Lisscombe Solutions, LLC. If you have any questions, please contact our office at 3379 Peachtree Road, Suite 700, Atlanta, GA 30326.