

LOCATOR CARD

For OSRT Admin Use

Name _____ PIN # _____ ID Card # _____ ID Exp Date _____

DOB _____ DOE _____

Address _____

Phone (H) _____ (W) _____ Cell _____ FAX _____ E-mail _____

Height _____ Weight _____ Color Hair _____ Color Eyes _____

JPEG Image (For OSRT ID CARD) Email to - osrtinc@embarqmail.com ATTN: Admin ID Manager

Emergency Contact:

Name _____ Relationship _____

Address _____

Phone (H) _____ (W) _____ Cell _____

Medical History _____

Medications currently taken _____

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