

EVAC DATA FORM

Name	Rate	Department
SSN	Essential <input type="checkbox"/> Yes <input type="checkbox"/> No	Recovery <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Phone Home () - - Work () - -	
Spouse <input type="checkbox"/> EFM	Evac Address if not going to Lackland	
Will need help? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	Contact Name	
	Evac Phone # if not going to Lackland	
Children <input type="checkbox"/> EFM 1. 2. 3. 4. 5.	Age	DOB
Next of Kin Phone # () - -		
Pets <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-40 <input type="checkbox"/> 40+ lbs	Pet Carrier <input type="checkbox"/> Yes <input type="checkbox"/> No	Shots <input type="checkbox"/> Yes <input type="checkbox"/> No
	Shot Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Dangers <input type="checkbox"/> Yes <input type="checkbox"/> No
Pets Name	Only cats and dogs will be accepted at Lackland Other	
Special Needs I.E. (MEDS, Wheel Chairs etc.)	Special Skills I.E. (CPR, EMT, Child Care, etc)	
Only Authorized Dependents will be allowed to stay on Lackland AFB		
Use Emergency Preparedness Check list to ensure you bring everything you need to Lackland.		