Carteret Health Department

Office on Aging

61 Cooke Ave. Carteret, NJ. 07008

732-541-3890

EVERYTHING MUST BE COMPLETELY FILLED OUT

First Name: _____ Last Name: _____

Street: _____ City/Zip: _____

Telephone: _____ Email: _____ Social Security # _____

Date of Birth: _____ Age: ____ Weight: ____ Height: ____ ☐ Male ☐ Female

Emergency Contact: _____ Relationship: _____

Telephone: _____ Work Phone: _____

Doctor: _____ Phone: _____ Address: _____

The Following Information of for Statistical Purposes Only (Must Be Completely Filled)

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Residence: ☐ Own Home ☐ Rent ☐ Live w/ Family ☐ Other: _____

Primary Means of Transport: ☐ Senior Bus ☐ Own Car ☐ Family/Friend ☐ Other: _____

Employment Status: ☐ Employed ☐ Retired ☐ Seeking Work ☐ Other: _____

Languages Spoken other than English: _____

Are you member of another Senior Organization: _____

Would you like to volunteer for the Carteret Senior Program: ☐ Yes ☐ No

Income Level: ☐ Below $11,770 ☐ Above $11,770

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Indian ☐ Other: _____

Additional Health Information:

_____

_____

_____

Signature: _____ Date: _____

For Office Use Only:

ID: _____ Date: _____ Trans: _____ Soc.Svcs: _____ Senior Meals: _____

Employee Intake: _____ Date: _____

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Medical Emergency Form

First Name: _____ Last Name: _____

Street: _____ City/State: _____ Zip: _____

Telephone: _____ Email: _____

Allergies: _____

Blood Type: _____

List Primary Health Concerns:

_____

_____

_____

Doctor: _____ Telephone: _____

Street: _____ City/State: _____ Zip: _____

Emergency Contact:

Name: _____ Phone: _____

Additional Contact:

Name: _____ Phone: _____

Print Name: _____

Signature: _____ Date: _____

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

I, _____, am of legal age, do hereby freely declare the following:

It is agreed that I will hold the Borough of Carteret, past, present or future officials, offices, successors, assigns, agents, employees and/or administrators harmless from any and all judgments, awards, debts, reckonings, promises, damages, demands and/or claims of any kind or nature whatsoever, including attorney's fees and costs, in any way related to my participation in any of the Borough of Carteret Office on Aging programs, conducted by members of the Borough of Carteret Health Department and/or Borough of Carteret Office on Aging.

This agreement may not be orally changed and shall be binding on the parties' successors and/or assigns.

Signed: _____
(Signature)

Date: _____