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M RETIREES ASSOCIATION
UNIVERSITY OF MICHIGAN

Name _____
Street Address _____
City/State/Zip _____
Phone _____

EMERGENCY CONTACTS

Contact #1 _____
Contact #2 _____
My Blood Type _____

UMRA.hr.umich.edu

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IN CASE OF EMERGENCY CALL 911

OTHER IMPORTANT HEALTH INFORMATION

Please note any medical condition or other health information that would be helpful to a first responder.

1. _____
2. _____
3. _____
4. _____
5. _____

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