



## CARTERET COUNTY DEPARTMENT OF EMERGENCY SERVICES MEDICALLY FRAGILE REGISTRATION FORM

Carteret County Department of Emergency Services officials may order or recommend an evacuation of specific areas of the county for reasons that include: natural disasters such as a hurricane, fire, or flood; man-made incidents, rail, or highway accidents; or technological disasters such as a hazardous material release.

Medically fragile registration is a voluntary program that provides evacuation assistance and sheltering to residents during such times. Transportation assistance can be provided for individuals in an ordered evacuation area who may not have a means of transport to a shelter, and for those requiring health or medical considerations to the Medically Fragile Shelter.

### WHO IS ELIGIBLE?

#### CARTERET COUNTY RESIDENTS:

- Requiring transportation to and from a designated emergency shelter;
- Requiring, within the limits of services provided, assistance with mobility, oxygen, routine medication administration, routine health monitoring, etc.

**Proper registration requires that registration forms be filled out completely. Forms that are not filled out completely will be returned. Older versions of this form and forms from other programs do not contain the required registration data and will not be accepted.**

**Residents requiring greater levels of assistance than can be provided by this service such as a hospital bed, hemodialysis, life support equipment, IV chemotherapy, full ventilator, etc. are advised to make alternative plans with the assistance of a physician or health care professional.**

### HOW TO REGISTER

Carteret County residents may register by completing the Medically Fragile Registration Form. This form is also available on the Carteret County website at: [carteretcountygov.org/605/Medically-Fragile](http://carteretcountygov.org/605/Medically-Fragile).

Individuals residing in nursing homes or assisted-living facilities are not eligible for this program because these facilities are required to maintain approved Emergency Plans that address resident care during times of emergencies.

Upon receipt of a **signed and completed** Medically Fragile form by the Department of Emergency Services, each individual will be entered into the confidential database. **Registration must be renewed each year.** The Department of Emergency Services will verify and update registered individuals prior to the beginning of hurricane season on June 1.

## **EMERGENCY EVACUATION ORDER AND SHELTER ACTIVATION**

Carteret County Department of Emergency Services will coordinate evacuation and determine what areas of Carteret County will be affected.

- Registered residents will be notified via the county's notification system.
- Registrants should have their belongings ready for travel. Registrants requiring transportation DO NOT need to call the Carteret County Emergency Operations Center.

The time of shelter activation will depend upon the type of event. For example, in a hurricane evacuation the shelter may be opened as much as 24 hours prior to landfall. Carteret County Department of Emergency Services will coordinate pick up, transport, and return of registrants who require transportation. The Carteret General Hospital will administer the operation and staffing of the Medically Fragile Shelter upon activation.

### **WHAT SHOULD I BRING WITH ME?**

Caregivers shall accompany registrants but due to space limitations, only one caregiver per registrant is permitted. Consideration must be given to what you can and cannot bring with you.

**Pets other than service animals (such as Guide Dogs) are not allowed at the medically fragile shelter.**

Listed below are typical supplies and articles that are allowed at the shelter:

- Medication to last seven (7) days
- Oxygen/oxygen supplies, including O2 concentrator with extension cord
- Special Diet foods
- Food or snacks for the first 24 to 48 hours
- Bedding (blanket, sheet, pillow)
- Air mattress or cushioned sleeping pad
- Two (2) changes of clothing
- Personal hygiene items (i.e. diapers, deodorant, toothbrush, etc.)
- Important papers in a zip-lock bag (i.e. insurance papers, credit card, money)
- Plastic bags for soiled items

### **POINTS TO REMEMBER**

- Registrant's name should be written on all personal items.
- Alcoholic beverages of any kind are not permitted at any shelter.
- Special Diets CANNOT be accommodated – You MUST bring special foods.
- Smoking is not permitted in emergency shelters.
- Law enforcement will be present at the shelter, but individuals are responsible for safeguarding their own personal items.
- Don't wait until the last minute to assemble your personal effects and supplies.

**KEEP THIS PAGE FOR REFERENCE. MAIL ONLY THE COMPLETED FORM BELOW.**

# Carteret County Emergency Services

## Voluntary Medically Fragile Registration Form

The Carteret County Voluntary Medically Fragile Program is designed for those who have special physical or medical needs and who may require evacuation or shelter assistance in the event of an emergency.

**Fill out the form completely** and mail it to the return address listed below. Registration data is maintained by the Department of Emergency Services and Carteret General Hospital.

### Personal Data (Print Clearly)

Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M  F

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Primary Language: English  Spanish

Emergency Contact Name: \_\_\_\_\_ Other  (list) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Data

Health and Medical Contacts:

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Home health Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions/Needs – Please review carefully and check all those that apply:

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Require Electricity (explain below)    | <input type="checkbox"/> Hearing Impaired                     | <input type="checkbox"/> Deaf  |
| <input type="checkbox"/> Oxygen Dependent                       | <input type="checkbox"/> Sight Impaired                       | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Respirator Dependent                   | <input type="checkbox"/> Mobility Impaired                    |                                |
| <input type="checkbox"/> Dialysis Dependent                     | <input type="checkbox"/> Use walker, cane, or wheelchair      |                                |
| <input type="checkbox"/> Diabetes                               | <input type="checkbox"/> Bedridden (explain below)            |                                |
| <input type="checkbox"/> Heart Condition (explain below)        | <input type="checkbox"/> Open Wounds, Sores (explain below)   |                                |
| <input type="checkbox"/> Acute Memory Loss (requires caregiver) | <input type="checkbox"/> Service Animal (explain below)       |                                |
| <input type="checkbox"/> Arthritis                              | <input type="checkbox"/> Require Special Diet (explain below) |                                |
| <input type="checkbox"/> High Blood Pressure                    | <input type="checkbox"/> Contagious Condition (explain below) |                                |
| <input type="checkbox"/> Partial Paralysis (explain below)      | <input type="checkbox"/> Amputee (explain below)              |                                |

Please explain Medical Conditions/Diagnosis:

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Allergies: \_\_\_\_\_

Critical medications: \_\_\_\_\_

Other issues: \_\_\_\_\_

In an Emergency I, \_\_\_\_\_, authorize rescuers to enter my home.  
(Print Name)

## Transportation Data

In Case of Emergency – Will You...?

Stay at Home

Evacuate to Shelter

Stay with Family

Evacuate Out of Area

Do you need Emergency Transportation to a shelter?

No, I will transport myself

Yes  Bus

Wheelchair Bus

Ambulance

## Companion or Caregiver Who Will Accompany You (only one):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that this information contained herein is true and correct. I understand that shelter will only be provided for the duration of the emergency and that alternative arrangements should be made by me in advance if I cannot return to my home. Should I require hospital or assisted living care, I understand I must make arrangement for myself. I understand pursuant to Federal Public Law 104-191, Health Insurance Portability and Accountability Act (HIPAA) of 1996, you have a right to privacy regarding disclosure of confidential health care information, and all information you provide herein shall be kept confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return:** Mail the registration sheet to: **Carteret County Emergency Services; 3820 Bridges Street, Suite D; Morehead City, NC 28557.**

Registration must be done annually and forms are available on line at:  
[carteretcountygov.org/605/Medically-Fragile](http://carteretcountygov.org/605/Medically-Fragile)