



**Capital Area Public Health Network
Municipality First Responder Registration/Distribution Form***

Municipality: _____

Date: _____

Agency	# Registered	# Given
EMS		
Fire		
Emergency Management		
Law Enforcement		
Public Health		
Public Works		
Totals		

***Please return to CAPHN as soon as number of first responders and household members has been identified. This form will also have to be returned to CAPHN after medications/vaccinations have been distributed.**