

**CITY OF JOHNSTOWN POLICE DEPARTMENT  
401 WASHINGTON STREET  
JOHNSTOWN, PA 15901**

***RYAN WHITE ACT REPORT FORM  
PUBLIC LAW 101-381 – APRIL 20, 1994***

<b>Date of Request:</b>	
<b>Officer Initiating Report:</b>	
<b>Emergency Response Agency:</b>	
<b>Address:</b>	
<b>Designated Medical Officer:</b>	
<b>** Patient Consent Signature:</b>	

***OFFICER EMPLOYEE DATA***

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

***PATIENT CONTACT INFORMATION***

<b>Name:</b>	
<b>Address:</b>	
<b>Date Transported:</b>	
<b>Transported By:</b>	
<b>Time:</b>	
<b>Description of Exposure and Care Taken:</b>	