



Graduate Medical Education

CODE GREY

SEVERE WEATHER PLAN

I hereby acknowledge receipt of the Interim LSU Hospital (ILH) Physicians Disaster Plan for Code Grey Operations Plan. I understand that:

- I am responsible for complying with the ILH Physician Disaster Plan for Code Grey and the Code Grey Operations Plan,
- I may be assigned to an on-call team by my Department Chairman, Section Chief or Chief Resident
- The ILH Medical Director has the final authority and responsibility for all assignments for all of the Staff (Medical Staff Members/Interns/Residents/Fellows).

Printed Name

Cell phone Number

Local Address

City

State

Zip Code

Signature

Date

Circle the appropriate status:

Intern

Resident

Fellow

School/Department: _____