



**Volunteer Staff Health Screen**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Local Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

This is a health screening and is not intended to replace your annual physical by your Primary Care Provider. If you are choose to provide a copy of your most recent physical (within 1 year) you may forego a physical examination.

**Please complete the following information:**

<b>Immunizations:</b> Please provide proof of immunizations or Lab Titers to prove immunity to: Chicken Pox/Shingles, Measles, Mumps, Rubella (German Measles), Rubeola (Red or Hard Measles). If you are unable to do so, we will order Lab Titers.		
<b>Medications:</b> Please list any prescription medications or over the counter medications you are currently taking.	<b>Allergies:</b> Please list any known allergies, including medication and environmental.	
<b>LATEX ALLERGIES:</b> Please check Yes or No for each question:	<b>Yes</b>	<b>No</b>
Do you have any known latex sensitivity?		
Have you ever filled out the long Latex Sensitivity Questionnaire?		
Do you have a history of allergic reactions after eating fruit?		
Have you ever noticed a rash, swelling, shortness of breath, cough, wheezing, runny nose, sneezing, or itchy eyes while using latex or rubber products?		
Has a doctor ever said you had an allergic reaction or problem of unknown cause during surgery or a hospitalization?		
Do you have any changes in and/or chronic health conditions/illness that we should be aware of? (Heart disease, seizures) NO YES		
If Yes, please explain:		

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."*

**Employee Health Nurse Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_