

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.
VOLUNTEER HEALTH ASSESSMENT

Identification Data: Please print.

_____	Date of Birth _____
Name _____	Sex: Male _____ Female _____
_____	_____
Social Security Number _____	Area Code/Phone Number _____
_____	_____
Address _____	Volunteer Job Title _____

City, State and ZIP Code _____	

Health History: Mark an "X" next to any of the following illnesses you now have or have ever had.

_____ Anemia	_____ Hearing problems
_____ Asthma	_____ Heart problems
_____ Back problems	_____ Hernia
_____ Musculoskeletal problems	_____ High blood pressure
_____ Bleeding tendencies	_____ Hives or rashes
_____ Bronchitis	_____ Kidney/Bladder trouble
_____ Cancer/tumor	_____ Liver disease/hepatitis
_____ Diabetes	_____ Lung disease
_____ Bowel/Stomach problems	_____ Mononucleosis
_____ Emphysema	_____ Pneumonia
_____ Epilepsy	_____ Rheumatic fever
_____ Eye problems	_____ Rheumatism/Arthritis
_____ Fever	_____ Skin disorders

Have you had any work-related injuries or illnesses? _____ Yes _____ No. If yes, explain _____

Do you have any drug allergies? Explain _____
Other allergies? _____

Immunization/infectious disease history:

Place an "X" next to those infections/immunizations you have had.

_____ Measles _____ German Measles _____ Mumps _____ Chicken Pox _____ Polio

Have you ever had a tuberculosis skin test? _____ Yes _____ No

Was there a reaction requiring a chest x-ray? _____ Yes _____ No

Have you ever been turned down for life insurance, military service or employment because of health problems? _____ Yes _____ No If yes, explain _____

