

HEALTH HISTORY

A SELF ASSESSMENT

Employee Name: _____

Title: _____ **Date:** _____

What best describes your general health:(please check) **Excellent** **Good** **Fair** **Poor**

Please complete the following and explain any YES answers.

Have you been treated for any infectious or communicable disease within the last six months?

NO _____ YES _____

Are you currently under any weight or lifting restrictions we should be aware of?

NO _____ YES _____

The following questions are meant to help the agency provide answers to medical personnel in the event you experience a medical emergency in the field:

Are you allergic to any foods or medications? _____

Do you have a history of seizure disorder, hepatitis, cardiac disease, respiratory ailments, diabetes or any other chronic illness? _____

I, _____, attest to the truthfulness of the above statements and I understand that any falsification of the above information could result in the termination of my employment.

Applicant Signature and Title

Date