

CP Nassau Volunteer Health Form



We need to have a medical form on file for you. If you should have a medical emergency while at the Center, our medical staff will have your health form and emergency number available.

Name: _____ cell phone: _____

Street: _____ City _____ State _____

Home phone; _____ email address _____

Medical History

Do you have a history of:	Yes	No
Heart attack, angina, shortness of breath, chest pain?	_____	_____
Epilepsy or other seizure disorder	_____	_____
Diabetes	_____	_____
Thyroid or other metabolic disorder?	_____	_____
Tuberculosis	_____	_____
Positive reaction to Tuberculosis testing	_____	_____
High blood pressure	_____	_____
Hearing problems	_____	_____
Skin conditions	_____	_____

Other special medical problems or chronic disease that requires restriction of activity or might affect your volunteer role?

Please list any medication(s) you are currently taking _____

Volunteer's signature _____ date _____

EMERGENCY CONTACT: _____

(name, phone number and relationship)