

**PLEASE PRINT**

**VOLUNTEER GENERAL MEDICAL INFORMATION**

(To be filled out by applicant)

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**MEDICAL STATEMENT AND HISTORY**

(All information requested below **must be** filled out before volunteer can take part in PCDRC activities.)

a. General Health: \_\_\_\_\_

b. Limitations: \_\_\_\_\_

c. History of the following: trick knee \_\_\_\_\_ weak ankles \_\_\_\_\_ bad back \_\_\_\_\_ Other \_\_\_\_\_  
 Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ heart disease \_\_\_\_\_ hypertension \_\_\_\_\_

d. Appendix removed? \_\_\_\_\_

e. Date of last Tetanus shot: \_\_\_\_\_

f. Medications taken: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_ Reason \_\_\_\_\_  
 \_\_\_\_\_ Reason \_\_\_\_\_

List additional medications on the back of form

g. **Allergies** (food, drugs, latex, insect bites, other) \_\_\_\_\_

h. **Medications used to treat allergies:** \_\_\_\_\_

i. Medical treatment received in the past year: \_\_\_\_\_  
 List additional information on back of form

j. Have you had or been exposed to any contagious disease in the past six months? \_\_\_\_\_  
 If so, what? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONSENT – I hereby give permission for myself: (circle) son/daughter / (if under 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE** – Insurance issued in the name of: \_\_\_\_\_

Address of insured: \_\_\_\_\_

Name & Address of insurance company \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please bring the completed form to the PCDRC office for the volunteer coordinator.**