HEALTH HISTORY
A SELF ASSESSMENT

Employee Name: ____

Title: ______________________________ **Date:** ____________________

What best describes your general health: **(please circle)** **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**