



Volunteer Application Medical Information - Confidential

1. General Information

Last Name _____ First Name _____ Middle Initial _____
 Date of Birth ____/____/____
 Address _____
 City _____ State _____ Zip _____
 Phone (____) _____

2. Primary Care Physician

Physician Name _____ Phone _____

3. Current Medications

Please list current medications (prescribed or over the counter, continue on back if necessary)

<i>Name of Medication</i>	<i>Condition Treated</i>

4. Allergies

Please check all that apply and describe:

- Drug Allergies (describe) _____
 Food Allergies (describe) _____
 Environmental Allergies (describe) _____

5. Medical Conditions

Do you have any of the following chronic conditions (check all that apply)

- Heart Disease High Blood Pressure Diabetes Respiratory Problems Epilepsy

Please describe any other relevant conditions you might have _____

6. Certification

To the best of my knowledge all of the above information is correct. I agree to inform the Sultana Education Foundation of any changes to my physical and/or mental health that would preclude me from participating as a volunteer.

Signature _____ Date _____