



# 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 \_\_\_\_\_