

# HEALTH INFORMATION FORM

## Presentation Service & Discernment Opportunities

(Please print clearly)

How do you appraise your current health?

Excellent  Good  Fair

Do you have any allergies:  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you take prescription or non-prescription medications regularly?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for substance abuse?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime:  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any medical or pre-existing conditions, which might affect your service or place of assignment?  Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Do you have any special dietary or eating needs?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is there anything else about you (e.g. your physical condition, counseling history, family background) which you feel we should know?  Yes  No

If yes, please explain: (Use a separate sheet if needed.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

