# VOLUNTEER MEDICAL REVIEW

MARANATHA VOLUNTEERS INTERNATIONAL

**FIRST NAME** _____ **LAST NAME** _____ **DATE** _____

*Thank you for taking time to complete this physical assessment. The purpose of this form is to make you aware of some of the physical aspects of our project, and to provide the project leaders with a concise record of your medical history.*

## PAST AND PRESENT MEDICAL ISSUES

| | | Yes | No |
|---|---|---|---|
| 1. | High Blood Pressure | | |
| 2. | Heart Disease | | |
| 3. | Irregular Heartbeat | | |
| 4. | Seizure Disorder | | |
| 5. | Bleeding Disorder | | |
| 6. | Asthma | | |
| 7. | Diabetes | | |
| 8. | Cancer | | |
| 9. | Headaches | | |
| 10. | Stomach Ulcers | | |

| | | Yes | No |
|---|---|---|---|
| 11. | Neck Problem | | |
| 12. | Back Problem | | |
| 13. | Arm Problem | | |
| 14. | Shoulder Problem | | |
| 15. | Knee Problem | | |
| 16. | Ankle Problem | | |
| 17. | Leg Problem | | |
| 18. | Foot Problem | | |
| 19. | Pregnant | | |
| 20. | Special Diet | | |

| | | Yes | No |
|---|---|---|---|
| 21. | Medical Equip. / Devices | | |
| 22. | Allergies | | |
| 23. | Chest Pain/Pressure | | |
| 24. | Unexplained Sweating | | |
| 25. | Frequent Shortness of Breath | | |
| 26. | Frequent Dizziness | | |
| 27. | Frequent Fainting | | |
| 28. | Heartburn | | |
| 29. | Intolerance to warm temps | | |
| 30. | Other, including surgeries | | |

*If you answered "yes" to any of the above items, please explain in the chart below. Include these points:*

- How you **care** for symptom/condition
- **Medications** taken
- How symptom/condition **restricts your activity**, including your ability to run, lift, or climb

| ITEM NO. | DETAILED DESCRIPTION (INCLUDING RESTRICTIONS, IF ANY) |
|---|---|
| | |
| | |
| | |
| | |

## IMMUNIZATIONS RECORD

| IMMUNIZATION | DATE LAST IMMUNIZED |
|---|---|
| Tetanus (required) | |
| | |
| | |
| | |

*When preparing for your Maranatha project, please make sure you take an ample supply of your prescribed medication in the containers in which they were prescribed. Also, consider taking medications for aliments that occur infrequently, such as an inhaler for occasional asthma attacks. Strenuous exercise and varying weather conditions can sometimes exacerbate dormant conditions.*

**IN CASE OF EMERGENCY, CONTACT:** _____ **PHONE:** _____