

VOLUNTEER MEDICAL REVIEW



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			Yes	No			Yes	No
1.	High Blood Pressure			11.	Neck Problem			21.	Medical Equip. / Devices		
2.	Heart Disease			12.	Back Problem			22.	Allergies		
3.	Irregular Heartbeat			13.	Arm Problem			23.	Chest Pain/Pressure		
4.	Seizure Disorder			14.	Shoulder Problem			24.	Unexplained Sweating		
5.	Bleeding Disorder			15.	Knee Problem			25.	Frequent Shortness of Breath		
6.	Asthma			16.	Ankle Problem			26.	Frequent Dizziness		
7.	Diabetes			17.	Leg Problem			27.	Frequent Fainting		
8.	Cancer			18.	Foot Problem			28.	Heartburn		
9.	Headaches			19.	Pregnant			29.	Intolerance to warm temps		
10.	Stomach Ulcers			20.	Special Diet			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 ailments 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: _____