Team Member Medical History Form

Full Name: _____ DOB:_____

Employer: _____ Occupation:_____

Emergency Contacts:
Name: _____ Phone: _____Relationship_____
Name: _____ Phone: _____Relationship_____
Name: _____ Phone: _____Relationship_____

Medical Conditions:
Please check if you currently have or have had any of the following:

□ Asthma □ Hypertension □ Depression □ Psychiatric Disorder	□ Hepatitis B □ Seizures □ Blood Clots □ Bleeding Disorder □ Hepatitis C	□ Heartburn □ Diabetes □ Heart Disease □ Ulcers □ Hay Fever	□ Migraines □ Elevated Cholesterol □ Urinating Difficulties □Thyroid Disease □ Cancer

☐ other - please explain:_____
_____
_____

Immunizations:

Immunizations: Last Tetanus: ____/____/_____ Hepatitis A Series: ____/____/_____	Covid - 19 ____/____/_____ Flu: ____/____/_____	Hepatitis B Series: ____/____/_____ Whooping Cough : ____/____/_____

Medications: List medications and dose you are currently taking. Include vitamins and herbal supplements.
Check if there are no medications. □
_____
_____
_____

Allergies:
Check if there are no allergies. □
_____
_____

Please list any past surgeries/hospitalizations and year:
Check if there are none. □
_____
_____

Other:
_____
_____

Tobacco Use? □ Yes □ No packs/day _____ Former Tobacco User? □ Yes □ No Alcohol Use? □ Yes □ No drinks/week _____	Recreational Drugs? □ Yes □ No Type _____ Exercise? □ Yes □ No times/week _____

Envelope Permission Statement

Name:_____ Date:_____

Check one:
_____ If I am found in an altered state **anyone with McInville Paranormal can open the envelope** and relay information to 911 and responding emergency medical personnel.
_____ If I am found in an altered state please **give it to responding emergency medical personnel**.

_____
Signature

Anyone opening the envelope without permission will be in violation of The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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PLACE THIS CUTOUT ON THE FRONT OF AN ENVELOPE, HAVE MEMBER SEAL ENVELOPE THEMSELVES

Name:_____ Date:_____

Check one:
_____ If I am found in an altered state **anyone with McInville Paranormal can open the envelope** and relay information to 911 and responding emergency medical personnel.
_____ If I am found in an altered state please **give it to responding emergency medical personnel**.

_____
Signature

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