



General Medical Information

This form can be completed on your computer except for the authorizing signature. Print the completed form, sign it and bring it with you to Rebuilding Hope.

Name: Date of Birth: Age: Sex:

Address: Phone:

City: State: Zip:

Marital Status Single Married Height: feet-inches Weight: pounds

Emergency Contact Person: Phone:

Medical Statement

All information requested below **must be** presented to your Rebuilding Hope representative before going to job site. Use the overflow area on the next page for extended information.

a. General Health: Excellent Good Fair Poor

b. Limitations:

c. Specific problems with: Back Legs/Feet Bones/Joints Diabetes Epilepsy Hypertension

d. Other medical conditions:

e. Tetanus shot up to date? Yes No

f. Medicines you take:

g. Known allergies:

Medications used to treat allergies:

h. Medical treatment received in past year:

i. Have you had or been exposed to any contagious disease in the past six months? Yes No

If Yes, what disease?

Physician's Name: Office phone:

Address: City, ST Zip:

The above information is as accurate and complete as possible. I authorize Rebuilding Hope to obtain emergency medical attention for the person named above should the need arise. I understand that Rebuilding Hope is not responsible for any financial obligation incurred by such care.

Signed: _____ Date:

Print Name: Relationship:

Overflow Area Add extended information from above and other comments in this space.

Medical Insurance Information

Name of primary person insured:

Address:

City, ST Zip:

Insurance company:

Address:

City, ST Zip:

Policy number:

**This form is required for all volunteer team members.
When completed and signed, give form to your Team Leader.
Be sure to sign the volunteer register when you check in at Rebuilding Hope.**