

PLEASE PRINT



**NORTH CAROLINA BAPTIST DISASTER RELIEF
GENERAL MEDICAL INFORMATION**
(To be filled out by applicant)

Name: _____ **Birth day:** _____ **Age:** _____ **Sex** _____
(last) (first) (middle)

Address: _____ **City:** _____ **State** _____ **Zip:** _____

Home phone: (____) _____ **Cell phone:** (____) _____ **Email:** _____

Marital Status: _____ **Weight:** _____ **Height:** _____

Emergency Contact Person _____ **Telephone:** _____

MEDICAL STATEMENT

(All information requested below must be filled out before participant can take part in the disaster relief program.)

Medical History:

a. General Health: _____

b. Limitations: _____

c. Any history of the following: trick knee _____ weak ankles _____ bad back _____ other _____

d. Are you subject to: diabetes _____ epilepsy _____ heart disease _____ hypertension _____ other _____

e. Appendix removed? _____ **f. Tetanus shot updated?** _____

g. Medicines taken: _____ **Reason:** _____
 _____ **Reason:** _____
 _____ **Reason:** _____

h. Allergies(food, drugs, other): _____
 Medications used to treat allergies: _____

i. Medical treatment received in the past year: _____

j. Have you had or been exposed to any contagious disease in the past six months? _____ . If so, what? _____

Physician's Name: _____ **Office Phone: ()** _____
 Address _____ City: _____ Zip _____

CONSENT

I hereby give permission for **myself**; son/daughter (if under 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signed: _____ Date: _____

INSURANCE

Insurance issued in the name of: _____

Address of insured: _____

Name of insurance company: _____

Address of insurance company: _____

Policy number: _____

You must bring this with you filled out. Please leave it with the contact person when you check in. Be sure to also sign in the volunteer register when you check in. Thanks.

Revised
12/11/18

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