

BCHC Mid Valley Medical Information Form

Mid Valley Unit Work Project Leaders request that the information on this form be completed by all participants on all work projects. In the case of an accident or medical emergency, the information on this form could assist project leaders and medical personnel with useful medical history. The information listed below will remain confidential, and once the project is completed, the form will be destroyed.

General Information

Name:	
Date of Birth:	
Address:	
City:	
Home Phone:	()
Work Phone:	()
Cell Phone:	()

Evacuation and Medical Insurance

Evacuation Insurance None: _____	Medical Insurance None: _____
Company Name:	Company Name:
Policy Number:	Policy Number:
Contact Phone Number:	Contact Phone Number
Coverage Amount:	

Allergies None: _____

Allergy	Reaction	Medication Required (if any)

Medications None: _____

Medication Name	Dosage	Frequency	Side Effects	Reason/Condition

Medical History

Please answer the following medical history questions. Use additional space below to explain any “yes” responses.

- Recent illness within the last 12 to 18 months? ____yes ____no
- Have you had surgery or been hospitalized in the last year? ____yes ____no
- Do you have asthma? ____yes ____no
- Do you have diabetes? ____yes ____no
- Do you have a history of high blood pressure? ____yes ____no
- Do you have a history of heart disease? ____yes ____no
- Do you wear glasses? ____yes ____no
- Any history of eye or vision problems? ____yes ____no
- Do you have any bone, joint, or muscle problems? ____yes ____no
- Have you ever had a seizure? ____yes ____no
- Have you ever experienced altitude problems? ____yes ____no
- Any other medical issues that might affect your on this project? ____yes ____no
- If yes, please explain here:

- Tetanus: Boosters should be repeated every 10 years. Date of most recent tetanus shot:
____/____/_____

Resting Pulse: _____ (Helpful to medical personnel)

Please explain any “yes” responses from above on the back

Signature: _____ Date: ____/____/_____