



KUTZTOWN AREA SCHOOL DISTRICT

New Hire/Employee Health Update

In the event of a medical emergency, it is imperative that we have the vital information that would enable us to act promptly and appropriately. This information will be kept in the HR office and will be confidential. Completion of this form is voluntary. **If you choose not to complete this form please print your name, sign it, and then return.**

Employee Name: _____ Birth Date: _____

Employee Address: _____

Emergency Contact: _____

Relationship to Employee: _____ Contact Number: _____

Family Physician: _____ Phone: _____

Preferred Hospital: _____

Please indicate if you have any of the following medical conditions:

Heart Condition ☐

High Blood Pressure ☐

Diabetes ☐

Seizure Disorder ☐

Thyroid Condition ☐

Other (specify) _____

Please list medications and dosages taken:

Allergies (including medication, food, insects): _____

List any other condition or concerns you feel are important to pass on to EMS personnel:

☐

I prefer not to release my emergency and medical information.

Employee Signature _____ Date _____

NOTE: In the event of a work related injury, the Kutztown Area School District policy will be in effect regarding Doctor/Hospital preference.

September 2014