

Cumberland Regional School District

Health History Form to be Completed by Employee

Name: _____
Last First

Date of Birth: _____

Family Physician: _____

Phone: _____

Health History: _____

Please list any accidents/injuries with dates: _____

Please List any allergies (environmental, medications, food) and indicate if you have an EpiPen: _____

Please check if you have any of the following conditions:

Asthma	Headaches	Neuromuscular Disorder	Stomach Issues
Cardiac issues	Hypertension	Respiratory illness	Thyroid Disorder
Diabetes	Hearing Disorder	Seizures	Vision Disorder
Fainting	Kidney disease	Skin Disorder	Other (Specify) _____

Please list any surgeries with dates: _____

Please list any orthopedic/back issues: _____

Have you had a tetanus booster in the past 10 years? _____ Date: _____

Have you received the Hepatitis B series? Yes No

Have you received a Tuberculosis test? Yes No

**If Hepatitis/tuberculosis received, please provide verification.

Current medical issues: _____

Current medications: _____

I certify that the information documented on this form is true and complete to the best of my knowledge, **and I do not have any health issues that will impair me from doing my duties.**

Signature of Employee

Date

For Business Office Use Only

Date Received _____ Date Uploaded _____