

SISTERS OF THE PRESENTATION

of the Blessed Virgin Mary

2360 Carter Road | Dubuque, IA 52001 | 563.588.2008 | www.dbqpbvms.org

Health Information Form | Service Opportunity

(Please print clearly)

How do you appraise your current health? ___ Excellent ___ Good ___ Fair

Do you have any allergies: ___ Yes ___ No

If yes, please explain: _____

Do you take prescription or non-prescription medications regularly? ___ Yes ___ No

If yes, please explain: _____

Have you ever been treated for substance abuse? ___ Yes ___ No

If yes, please explain: _____

Are there any medical or pre-existing conditions, which might affect your service or place of assignment? ___ Yes ___ No

If yes, please give details: _____

Do you have any special dietary or eating needs? ___ Yes ___ No

If yes, please explain: _____

Is there anything else about you (e.g. your physical condition, counseling history, family background) which you feel we should know?

___ Yes ___ No

If yes, please explain: (Use a separate sheet if needed.) _____

I Agree. Please check this box to consent to allowing your data to be stored within the guidelines outlined in our privacy policy.*

