



## **FOHI Volunteer Confidential Health History Form**

General Information	Please Print All Infor	rmation Returning Volunteer			
Volunteer Name:	Camp Session Dates:				
Birthdate:	<b>M</b> □	F 🗆			
Home Address:					
Home Phone:	Cell:	Email address:			
Date of Covid-19 vaccination #1		#2			
Send copy of certification of vaccinations to volunteer@fohi.org  Emergency Contact					
Name:		Relationship:			
Address					
Home Phone:	Cell:	Email address:			
Healthcare Provider					
Primary Care Physician:	Phone:				
Health Care Insurance					
Insurance Company:		Insurance Company Phone:			
Certificate/Policy/ID#:		Group# (if applicable):			
Allergies □		No Known Allergies □			
	1-prescription medications	s, food, bites, stings, shellfish, iodine, plants & animals			
Describe the reaction and how it is man	naged:				
Do you carry an Epi-pen?	□ Yes □ No	<u> </u>			
Dietary/Nutrition					
□ Regular diet □ Vegetarian □ Gluten Free □ Vegan □ Lactose Intolerant □ Other Please be specific no red meat, food allergies, strong food dislikes, etc.					

Medical Conditions						
Please describe any medical co	onditions we sl	hould know abou	ut (e., epilepsy, asthma,	etc.)		
What have we forgotten to a know.	sk? Use this	space for any	additional informatio	n that you feel we should		
Medications List all prescription and non-properties as necessary.	rescription med	dications you tak	ke and/or carry with yo	u. Attach additional pages		
☐ I do not take any prescription or non-prescription medications.						
Name of Medication	Dosage and Frequency	How Administered	Reason for Taking	Side Effects		
	1					
Date of Last Tetar	nus Booster: _					
Authorization for Heal	th Care:					
I hereby give permission to the x-rays, routine tests, or treatm arrange necessary related train paying any costs associated we	ent; to release rsportation to t	any records ne the nearest hosp	cessary for insurance	ourposes; and to provide o		
FOHI Volunteer's Signatur	re:					
Print Name:	Date:					
Please sign and return to:	:					
By Mail (preferred): FOHI Volun	teer Coordinato	r, Hog Island Aud	ubon Camp, 12 Audubor	n Rd, Bremen ME 04551		
By Email: volunteer@fohi.org						