



VOLUNTEER SERVICES

HEALTH QUESTIONNAIRE

Some Health information is necessary to ensure that we provide a safe environment for patients and Volunteers. This information will be maintained in a confidential manner, separate from your personnel file.

Legal Name		<input type="checkbox"/> Student <input type="checkbox"/> Volunteer
Department	Date of Birth	Your Position
Emergency Contact Name & Phone #		

- 1. Are you allergic to any substance, material, food, medication, or latex? Yes No
- 2. Have you ever had a positive TB test, received INH treatment, or a BCG vaccination? Yes No
- 3. Please provide proof of up-to-date COVID vaccination. Yes No

SIGNATURE _____ DATE _____

(Required)

Please contact the Volunteer Services Department at (541) 296-7288 with any questions or concerns.