

	yes	no	Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
7. Blood pressure:			
a. Have you ever been treated for high blood pressure?	___ / ___		
b. If yes when where treated?	___ / ___		
c. What was your last B/P?	_____		
d. Describe current medications and dosages in the comments section.			
8. Limbs:			
a. Have you lost an extremity?	___ / ___		
b. Have you lost the use of an extremity?	___ / ___		
9. Miscellaneous:			
a. Have you ever had or been treated for convulsions?	___ / ___		
b. Have you ever had fainting spells?	___ / ___		
c. Have you ever had or been treated for loss of equilibrium?	___ / ___		
d. Have you ever been treated for drug and or alcohol abuse?	___ / ___		
e. Have you ever been treated for a mental illness?	___ / ___		
10. What is the date of your last physical?	_____		
11. Are there any restrictions on your vehicle operators license?	___ / ___		
12. Are you on medications prescribed by a physician that may impair your ability to operate a motor vehicle?	___ / ___		
13. When and for what reason did you see a physician? _____ _____			
14. Name, address and phone # of your personal physician			
Name: _____			
Address: _____			
Phone: _____			

The answers to the above are complete, accurate and true to the best of my knowledge.

Employee signature _____
Date

Authorization For Release

I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the medical information bureau or other organization institution, or person that has any records or knowledge of me or my health to give **MORROW COUNTY EMS** any such information.

A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

Employee Signature _____
Date