

Canaan Farm's Staff or Volunteer Health History

(Please print carefully)

Name: _____

Phone number: (____) _____ Email: _____

Emergency Contact: _____ Phone (____) _____

2nd Emergency Contact: _____ Phone (____) _____

Primary physician: _____ Phone (____) _____

Health information

1. Are there any health problems including physical, psychiatric, behavioral of which we need to be aware? No

If Yes, please explain:

2. Are there any ALLERGIES, dietary restrictions, medications, or special needs that we need to be aware of?

3. For participants who reside in the United States, a US territory or the District of Columbia:

a. What state do you reside? _____

b. Exempt from any Immunizations? No

If yes, please list them:

4. For participants who reside outside the United States, a US territory, or the District of Columbia.

a. Country in which staff member resides: _____

b. Attach Department form DHMH-896 (record of vaccination or immunity)

Signature:

_____ Date _____

Parent or Legal guardian if under the age of 18