



Medical Status Report

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Revised October 8, 2012

PURPOSE OF THE FORM:

This form will allow excavation staff to assess the physical, mental, and emotional fitness of the applicant and to alert applicants who may not be medically fit for **strenuous work** and **difficult living conditions** on the excavation to reconsider their application. Living under stressful conditions and in a semi-tropical environment may cause otherwise minor ailments to become significant problems and may alter the effects of some medications. On many excavations participants experience recurrences of physical problems or problems with their medications which have adversely affected their participation. As a result, some persons require special medical attention that is available only at a hospital and others are often forced to leave prematurely. We ask, therefore, that you be completely candid in completing this. Failure to disclose known medical conditions may jeopardize your participation.

MEDICAL HISTORY

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT BEFORE SEEING A PHYSICIAN

Full Name:

Address:

Name of medical/accident insurance plan:

Type of coverage:

Address and phone number of Company:

Policy No.:

Group No. (if applicable):

If you have ever been hospitalized for a major physical or mental illness, surgery or injury, please give reason and result.

Do you now or have you ever had any allergies or any allergic reactions to drugs, foods, injections or insect bites? Yes No Provide details.

Have you been in the past year or are you currently restricted by a physician in any physical activities? Yes No Give details.

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J Elliott

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the name J Elliott.

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