

PERSONAL HEALTH HISTORY FORM

Chiang Rai International Christian School

Family Name: _____ First Name: _____ Date of Birth: _____

A completed Personal Health History is required at the time of application, and annually for returning staff. It is used primarily to determine medical eligibility for service and to assist the school nurse should you have a medical need at school. It is important that the information provided be accurate and complete. The information provided will remain confidential.

ALLERGIES (Drug, Food, and Other)

Are you allergic to any drugs, food or medications? No Yes (if yes, please specify substance and reaction below):

CURRENT MEDICATIONS

What medications do you take

regularly? _____

IMMUNIZATIONS

Immunizations: While Chiang Rai International Christian School does not at this time require immunizations, we strongly recommend that you keep up to date with your immunizations for your personal health as well as that of others.

Please consult your physician or visit www.who.int/ith/en for recommended immunizations for Thailand.

Date of last TB test _____

TB testing is recommended every three years for those who travel to and live in high endemic TB infection, such as Thailand.

Blood Type: _____ Are you willing and/or able to donate blood: Yes No

EMERGENCY INFORMATION

Emergency Contact in Thailand - #1	Relationship	Phone Number
_____	_____	_____

Organization Supervisor in Thailand or Region

Emergency Contact in Thailand - #2	Relationship	Phone Number
_____	_____	_____

Emergency Contact Name – Home Country	Relationship	Phone Number
_____	_____	_____

MEDICAL HISTORY

Please indicate if you previously or currently have/had any of the following.

HEART OR CIRCULATION PROBLEMS Past Now
Now

Blood Pressure: High Low
Anemia
Rheumatic Fever
Fainting
Heart condition - specify: _____
Other - specify: _____

NERVOUS SYSTEM PROBLEMS Past

Meningitis/encephalitis
Epilepsy
Head injury
Seizures (e.g. febrile)
Frequent headaches
Twitches/tics - specify: _____
Other - specify: _____

DIGESTIVE TRACT PROBLEMS Past Now

Chronic diarrhea
Now
Chronic constipation
Frequent stomach aches
Other - specify: _____

**EMOTIONAL/
BEHAVIORAL PROBLEMS** Past

Suicide attempt
Mental health issue - specify: _____
Substance abuse - specify: _____
Behavior problem - specify: _____
Other - specify: _____

RESPIRATORY PROBLEMS Past Now

Asthma: rare/occasional/frequent
Tuberculosis (TB)
Now
Other - specify: _____

GENETIC/CONGENITAL PROBLEMS Past

Thalassemia
Cerebral palsy
Sickle Cell anemia
Hemophilia
Other - specify: _____

ENDOCRINE PROBLEMS Past Now

Diabetes
Thyroid problems - specify: _____
Other - specify: _____

GENITAL/URINARY PROBLEMS Past

Now
Pregnancy
Recurrent Urinary Tract Infections (UTIs)
Sexually Transmitted Disease - specify: _____
Kidney disease - specify: _____
Other - specify: _____

MUSCULAR/SKELETAL PROBLEMS Past Now

Scoliosis
Fracture - specify: _____
Other - specify: _____

IMMUNE PROBLEMS Past

HIV
Other - specify: _____

SENSORY PROBLEMS Past Now

Ear/hearing problems - specify: _____
Now
Eye/vision problems - specify: _____
Learning Disability - specify: _____

Please indicate if you have had any of the following:

- Symptomatic HIV w/ a low CD4 of lower than 500 cell/mm3 and/or high viral load of higher than 5,000 copies / ml.....
- Systemic Lupus and Erythematous.....
- AIDS.....
- Bone marrow and/or other transplant.....
- Parkinson's disease.....
- Multiple sclerosis.....
- Body Mass Index > 35 (current).....
- Metastatic disease (malignancy stage 3).....

Have you ever been hospitalised? No Yes - please specify date and reason: _____

This assignment may require frequent stair climbing and walking at an incline. Do you have any physical limitations which would prevent you from climbing stairs or walking moderate distance on an incline? Yes No

If yes, please describe: _____

Comments or additional information about your health or medical history that you would like the school nurse to be

aware of when caring for you:

INSURANCE INFORMATION

Full time staff are covered by on campus accident insurance (certain restrictions apply -- see the Finance Office for more information). This is not health insurance. While most health issues in Thailand are covered by fairly minimal costs with local physicians, CRICS recommends that volunteers carry health insurance that covers major medical expenses. Major medical insurance purchased in Thailand for your coverage in Thailand can be quite affordable. Information for purchasing medical insurance is available through our staff.

I am not covered by medical insurance I am covered by medical insurance

Insurance Company _____

Address _____

City _____ State/Province _____ Zip Code _____

Country _____ Phone number _____

Policy No. _____ Group No. _____

This insurance covers me only in Thailand Yes No

This insurance covers me only in my home country Yes No

This insurance covers me in both Thailand and my home country Yes No

_____/_____/_____
Signature _____ Date _____

My personal physician (in Thailand - if known) is _____

Phone number _____.

In case of accident or other emergency, I authorize the school to arrange for emergency medical treatment. **I understand that I will be taken to Sri Burin Hospital for treatment.** I agree to assume financial responsibility for emergency medical treatment given.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Personal Health History reviewed by CRICS Health Services Department by _____ on _____
initials date

Comments: _____
