



REBUILDING HOPE INC.

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rebuildinghopeinc.org

Shipping address:
249 N. Oliver Dr
Henderson. NC 27537

Mailing address:
PO Box 2826
Henderson. NC 27536

GENERAL MEDICAL INFORMATION

Name: _____ Birthday: _____ Sex: _____
(last) (first) (middle)
Address: _____ City: _____ State: _____ Zip: _____
Home phone (____) _____ Work phone (____) _____
Cell (____) _____ Email: _____
Marital Status: _____ Weight: _____ Height: _____
Emergency Contact Person: _____ **Telephone:** () _____

MEDICAL STATEMENT

(All information requested below **must be** filled out before participant can take part in the volunteer program.)

Medical History:

a. General Health: _____
b. Limitations: _____
c. Any history of the following: trick knee ___ weak ankles ___ bad back ___ other _____
d. Are you subject to: diabetes ___ epilepsy ___ hypertension ___ other _____
e. Appendix removed? _____ **f.** Tetanus shot updated? _____
g. Medicines taken: _____ Reason: _____
_____ Reason: _____
_____ Reason: _____
h. Allergies (food, drugs, other): _____
Medications used to treat allergies: _____
i. Medical treatment received in past year: _____
j. Have you had or been exposed to any contagious disease in the past six months? ___ If so, what? _____

Physician's Name: _____ **Office phone:** () _____
Address: _____ **City/State:** _____ **Zip:** _____

CONSENT

I hereby give permission for my son/daughter/self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signed: _____ Date: _____
(Legal Guardian signature required for youth under 18)

INSURANCE

Insurance issued in the name of: _____
Address of insured: _____
Name of insurance company: _____
Address of insurance company: _____
Policy number: _____

PHYSICIAN (optional)

I have examined the applicant and find that he/she is in fit health for participation in Rebuilding Hope volunteer work.

Physician's Signature: _____ Date: _____
Comments: _____

Please fill out this form & bring it with you. Leave it with the contact person when you check in. Thanks.