

UPMC VOLUNTEER HEALTH QUESTIONNAIRE

NAME	EMERGENCY CONTACT INFORMATION
DATE OF BIRTH Month / Day / Year	
ADDRESS	
E-MAIL ADDRESS	
HOME PHONE NUMBER	
	NAME _____
	HOME PHONE _____
	WORK PHONE _____
	FAMILY DOCTOR _____
	DOCTOR'S PHONE NUMBER _____

			YES	NO
<p>Do you have any current health problems that would limit your ability to perform the volunteer functions that you are volunteering for and/or have been assigned to you?</p> <p>If yes, please explain:</p>				
	YES	NO		
Do you have any handicaps/disabilities/ or restrictions that may limit your ability to volunteer at UPMC? (If so please list here or in space above)			Do you have any problems with hearing (hearing aids are permitted)?	
Are you physically able to transport patients in wheelchairs or on stretchers?			Do you have any vision problems that would limit your ability to read or see distant objects?	
Are you able to lift and carry objects safely that weigh less than 20 lbs?			Are you able to write legibly and/or read instructions?	
Would you have any difficulty sitting for 2-4 hours?			Do you have any allergies that we should know about that may impact your ability to volunteer? (for example: latex allergies) if so please list:	
Would you have any difficulty walking or standing for 2-4 hours?			Have you had all of your childhood immunizations?	
<p>How would you describe your level of physical activity? (check which best applies)</p> <p align="center">Sedentary ____ Moderately Active ____ Very Active ____</p>			Do you currently have a communicable illness or infectious disease that would potentially put a patient at risk?	

I certify that I fully understand all requests for information contained on this form and I certify that the information supplied by me on this form is complete and correct to the best of my knowledge. I also understand that additional testing may be necessary prior to my assignment that may include a TB skin test, radiological, and/or medical testing as deemed appropriate by the volunteer services division. I also understand that the information provided on this form will be kept confidential and will only be used for volunteer assignments and/or emergencies.

(Signature)

Date: