



1050 Division Street | Mauston, Wisconsin 53948
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Healthcare evolving for life

VOLUNTEER HEALTH HISTORY

Date: _____

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime telephone number: (____) _____ - _____

Have you been immunized for the following childhood diseases?

Disease	Yes	Date	No	Don't know
Polio				
Measles				
Rubella				
Chicken Pox				

Have you had any of the following childhood disease?

Disease	Yes	Date	No	Don't know
Polio				
Measles				
Rubella				
Chicken Pox				

Have you had a TB (tuberculosis) skin test? _____ When? _____

If yes, was it positive? _____

When was your last Tetanus injection? _____

Do you have any chronic health problems? _____

If yes, please list: _____

Health Services comments (for official use only):

I have reviewed the above statements. This information is true and correct to the best of my knowledge.

Signature: _____ Date: _____