

# IPR Medical Self Evaluation Form



This information is not meant to be intrusive. It allows us to advise you on medical issues in preparation for a safe experience. Please try to fill out this form to the best of your ability.

1. When was the last time you consulted a physician?

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2. Have you been hospitalized in the past two years?  Yes  No If yes, explain:

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3. Have you been treated for any mental, emotional, or nervous disorder?  Yes  No

If yes please explain:

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4. Do you have any allergies?  Yes  No If yes, please list them.

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5. Are you taking any prescribed medication?  Yes  No If yes, please explain.

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6. Are you on a special diet?  Yes  No If yes, please explain.

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7. Do you have a medical condition that could prevent you from performing regular teaching duties?  Yes  No If yes, please explain

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8. Have you had any infectious diseases or serious injuries in the last 5 years?  Yes  No If yes, please explain

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9. Do you know your Blood type?  Yes  No If yes please specify: \_\_\_\_\_

The answers I have given are true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_