



Please return this form by mail, fax or e-mail to the JVC Main Office
801 Saint Paul St
Baltimore, MD. 21202
410-244-1766
recruiter@jesuitvolunteers.org

ABOUT THIS FORM

We inquire about certain health issues out of respect for the needs of each individual person and of the needs of community. Past medical history with physical and/or mental health concerns does not remove you from consideration; however, your openness to discussing these issues helps JVC know how best to support you and your potential community during the upcoming year.

APPLICANT INFORMATION

Name Date Of Birth Today's Date
[Input boxes for Name, Date Of Birth, and Today's Date]

HEALTH HISTORY

Please Mark The Box Next To Each Of The Following You Have Had

- Anemia Arthritis Asthma Cancer
Chicken Pox Colitis Diabetes Endometriosis
Hearth Disease Kidney Disease Measles Migraines/Headaches
Mononucleosis Mumps Ovarian Cysts Peptic Ulcer Disease
Seizures Thyroid Disease Tuberculosis Urinary Tract Infection

Please Explain Status Of Any Condition[s]

Date Of Last Dental Visit Do You Anticipate Requiring Dental Work In The Next Year?
[Input box for Date Of Last Dental Visit] Yes No

CURRENT HEALTH STATUS

Please Briefly Describe Your General State Of Health (as you perceive it).

Are There Any Medical Conditions Which Might Affect your Service Or Assignment? (detail physical challenges, chronic illnesses, pregnancy, special medications, allergies, restrictions, etc).

Have You Had Any Operations/Hospitalizations/Significant Injuries?

Allergies: Please List Any Symptoms That You Experience From Exposure To Allergens (i.e. rash, breathing issues, etc) And Any Medication You Use To Treat These Allergies.

What Medications Are You Currently Taking? For What Reason?

PERSONAL HEALTH HABITS

Do You Smoke Cigarettes?	If Yes, How Many Per Day?	Number Of Years You Have Smoked?
Yes No		

Do You Consume Alcohol?	If Yes, How Many Per Week?
Yes No	

Have You Ever Been Diagnosed Or Treated For Alcohol Addiction?	If Yes, Please Explain:
Yes No	

Have You Ever Been Diagnosed Or Treated For A Drug Addiction?	If Yes, Please Explain:
Yes No	

Recreational/Street/Prescription Drug Use (list history (or occasion) of drug use):

Average Hours Of Sleep Per Day:	Do You Have Issues Falling Asleep Or Staying Asleep?	Do You Wake Up Tired?
	Yes	Yes
	No	No

How Many Times Per Week Do You Exercise?	Do You Have Any Dietary Restrictions?
------------------------------------------	---------------------------------------

MENTAL HEALTH HABITS

Have You Ever Had Individual, Family, Or Group Counseling/Treatment For Personal Growth, Or For Emotional Or Psychological Problems?

Yes No

Please Comment On Your Reasons For Counseling/Treatment, Any Medication Prescribed, And The Length Of The Treatment.

Do You Anticipate Requiring Counseling/Treatment Over The Course Of The Next Year?

Yes No

Please Comment On Your Reasons For Anticipating Counseling/Treatment.

Do You Have A History With Eating Disorders?

Yes No

If Yes, Please Explain:

Have You Ever Been Significantly Over Or Under Weight?

Yes
No

If Yes, Please Explain:

Have You Ever Felt Suicidal Or Attempted Suicide?

Yes
No

If Yes, Please Explain:

Have You Ever Experienced Symptoms Such As Anxiety, Depression, Manic Episodes, Psychotic Episodes, Etc?

Yes No

If Yes, Please Explain:

Have The Above Symptoms Been Severe
Enough To Require Treatment?

If Yes, Please
Explain:

Yes No

Have You Ever Received A Mental Health Diagnosis From A Mental Health Professional (including, but not limited to:
Depression, anxiety, bi-polar, borderline, schizophrenia)?

Yes No

If Yes, Please Explain:

If You Answered Yes To Any Of The Above Questions, What Plans Do You Have For Self-Care And Treatment While A JV?

Sometimes Our Staff Has Asked JVs To Seek Counseling If They Display Unhealthy Behavior Or If Their Behavior Negatively Impacts
Work Or Community Life. How Would You Respond If JVC Staff Recommended That You Seek Counseling?