

Voluntary Health Questionnaire
David Thompson Search and Rescue Association, Inc. (DTSAR)
Libby, MT (South Lincoln County)

Date:	
Name:	
Mailing Address:	
Home Phone:	
Date of Birth:	

Section A:

Have you ever or do you now have any of the following? For "Yes" answers supply full details in Section B. If the condition required hospitalization check the corresponding box.

#	Condition	No	Yes	Hosp	#	Condition	No	Yes	Hosp	
1	Head Injury				23	Skin Trouble				
2	Back Trouble or Back Pain				24	Sensitivity to dust				
3	Defect of bones or joints including amputations, dislocations, broken bones				25	Other allergies				
4	Lameness				26	Frequent Colds				
5	Rheumatism or Arthritis				27	Cancer or Malignancy				
6	Foot Trouble				28	Tumor, growth or cyst				
7	Trick or Locked Knee or Knee Injury				29	Rheumatic Fever				
8	Eye Injury, Surgery, Disease				30	Polio				
9	Have you ever worn glasses or contact lenses				31	Any complications from childhood diseases				
10	Hard of hearing or hearing problems				32	Heart trouble, including circulatory				
11	Ever worn a hearing aid				33	High or low blood pressure				
12	Headaches				34	Varicose Veins				
13	Mental illness or nervous breakdown				35	Pernicious anemia, leukemia or other blood disorder or ailment				
14	Addiction to drugs or alcohol				36	Hepatitis, jaundice or other liver ailment				
15	Fainting or dizzy spells				37	Diabetes or sugar in urine				
16	Epilepsy or fits				38	Colitis				
17	Any disorders of the nervous system				39	Kidney or bladder trouble				
18	Tuberculosis or other lung trouble				40	Ulcer or other stomach trouble				
19	Shortness or breath				41	Gall bladder trouble				
20	Asthma				42	Piles or hemorrhoids				
21	Bronchitis				43	Rupture or hernia				
22	Poison Oak or Poison Ivy				44	Mononucleosis				
							No	Yes		
45	Have you ever had or been advised to have an operation? If "yes" give the nature and dates of operation(s).									
46	Have you ever been a patient (committed or voluntary) in a mental hospital? If "Yes" give reason(s), date(s) and place(s).									

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		No	Yes
47	Have you ever had any other illness, injury, or physical condition not named above, other than childhood diseases or minor illnesses? If "Yes" explain:		
48	Have you had an injury within the last 5 years which caused you to lose time from work?		
49	Have you ever been denied employment or insurance for medical reasons?		
50	Have you ever been deferred from military service for medical, emotional or health reasons?		
51	Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons?		
52	Have you ever received or applied for pension or compensation for disability or injury?		
53	Are you presently under a doctor's care for any condition?		
54	Have you taken medication the last 12 months for any reason? If "Yes" explain:		
55	Do you or have you ever had any physical or emotional limitations?		

Physician's consulted for above items checked "Yes" - identify item #.

Item #	Physician's Name	Address

Section B:

Write your own account and explain all items answered "Yes" in this questionnaire. Identify item number, include diagnosis, date of onset and your present condition. Continue on additional sheets and attach if needed.

Item #	

Penalty

Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to be a member of this organization.

Certification

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature _____

Date _____