



## HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your volunteer medical record.

<b>Name</b> ( <i>Last, First, M.I.</i> ):	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Previous or referring doctor:</b>	<b>Date of last physical exam:</b>	

### PERSONAL HEALTH HISTORY

<b>Have you had any of the following childhood illnesses?</b>	<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio	
<b>Immunizations and dates:</b>	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Yellow Fever
	<input type="checkbox"/> DTP (Diphtheria, tetanus, pertussis)	<input type="checkbox"/> Typhoid
	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Varicella (chicken pox)
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR (Measles, Mumps, Rubella)

The CDC recommends routine vaccinations such as MMR, DTP, Varicella, Polio, and a yearly flu shot. Most travelers should receive the Hepatitis A vaccine, as well as the Typhoid vaccine as there is a risk of these diseases in Tanzania. Ask your doctor, but the CDC does recommend the Hepatitis B vaccine for some travelers, as well as Rabies for travelers who expect to spend time outdoors or around animals. The CDC does not recommend the Yellow Fever vaccine for most travelers to Tanzania. However, Foxes' NGO recommends the yellow fever vaccine for all travelers, as in the past, volunteers (even short term) have been given trouble at the arrival to Dar es Salaam for not having their yellow fever card- otherwise, we endorse all CDC recommendations. For more information, please visit the CDC website. And if you have further questions, please inquire at [foxesngo@gmail.com](mailto:foxesngo@gmail.com).

NOTE: Though we respect a volunteer's personal decision not to receive vaccinations, we are working with an immuno-compromised population and ANY illness they are exposed to could prove deadly. We are also striving to protect our volunteers as well, and as there are members of our community with severe illnesses, we will refuse volunteer applicants if they are not protected appropriately. We thank you in advance for your cooperation.

**List any medical problems that other doctors have diagnosed:**

Surgeries:		
Year	Reason	Hospital

Other hospitalizations:		
Year	Reason	Hospital




Have you ever had a blood transfusion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

**List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers:**

Name the Drug	Strength	Frequency Taken

**Allergies to medications:**

Name the Drug	Reaction You Had

**DIET/FOOD ALLERGIES**

	Do you have any dietary restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what are they? _____		
	Do you have any food allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please explain. _____		



**MENTAL HEALTH HISTORY**

Do you have a history of mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which of the following mental illnesses have you received treatment for? <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> OCD <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Other _____		
Please list any medications you are currently taking:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please note: If you have a prescription for anti-depressants/psychiatric drugs, you will need a statement from your mental health care provider that you are healthy and able to perform the work expected of you. Your safety and security is our number one priority!</b>		

**SOCIAL HEALTH**

<b>Are you using any types of birth control?</b>	<input type="checkbox"/> Condoms <input type="checkbox"/> IUD <input type="checkbox"/> The Pill <input type="checkbox"/> Implanon <input type="checkbox"/> Nuva Ring <input type="checkbox"/> Other _____
<p><i>*We ask this question because our organization works with at-risk populations in a high HIV prevalent community. Sexual health and safe-sex practices are important issues and we hold our volunteers to high standards as examples for the community. Some forms of birth control are harder to obtain here than others, so please discuss options with your doctor.</i></p>	
<b>Members of the LGBTQIA community: Homosexuality is socially taboo in Tanzania and same-sex sexual acts are crimes punishable by the state. As an organization, we are welcoming to all gender identities and sexual orientations. However, because we work closely with socially conservative communities, we do our best to remain neutral, yet supportive to all. We ask our volunteers to maintain culturally appropriate public behavior.</b>	