

Health and Wellness Form

Today's Date: _____ Desired dates in Village: _____

About Holden Village

Holden Village is located in the wilderness and we are neither prepared nor equipped to provide ongoing primary health care. We make every effort to have a medic available for first aid/emergency care, but there may not always be licensed medical personnel onsite. Prompt evacuation is not always possible. Careful planning and prevention on your part is necessary: Holden Village is at least 4 hours and in the winter up to 4 days from emergency medical care.

About This Form

Holden Village asks about certain health issues out of respect for the needs of each individual and for the needs of the Village. Past medical history (with physical and/or mental health concerns) does not restrict you from volunteering; however, your openness to discussing these issues helps Holden know how to best address any health concerns that may arise if you reside in the Village. We ask these questions so that we can understand your needs and so that you can learn about the support Holden is able to offer you and what is beyond our ability to support. Please complete this form with honesty and accuracy, to the best of your knowledge. This form will only be shared with the Holden Village Medic or Medical Director, who will give their recommendation to the Staffing Committee if deemed necessary. *Please use an additional sheet if you need extra space to write.* If you have any questions, please contact Holden's Medic at: medic@holdenvillage.org.

Name	Birthdate
Email	Phone
Emergency Contact	Relationship
Email	Phone

Please carefully fill out all sections of this form

Current Health Status

Date of last tetanus shot: _____ You **MUST** have had one in the last **ten** years before coming to Holden. *If you will be here between October 15 and May 1, you must have had one in the last **five** years.**

Immunizations: Have you ever been vaccinated for measles, mumps & rubella (MMR)? Circle **Yes** or **No**
If you have not been vaccinated for MMR, have you had MMR? Circle **Yes** or **No**

Have you ever been vaccinated for chicken pox? Circle **Yes** or **No**

If you have not been vaccinated for chicken pox, have you had chicken pox? Circle **Yes** or **No**

Allergies: Have you ever had a *systemic* allergic reaction to bee stings, food, or medicine? Circle **Yes** or **No**
If yes, what was the precipitating substance and reaction?

What was the treatment?

If you have **severe** allergies, please bring your own **EpiPen** or **Bee Sting Kit**.

*Holden Village Tetanus Prevention: Tetanus boosters are normally advised every 10 years. However, if one has a risk injury such as stepping on a nail or getting a deep sliver, the recommendation is to get another booster within 72 hours of the injury if it has been more than 5 years since the last booster. Due to Holden's remote location it may not be possible to get to a doctor within 72 hours and 2-4 days would need to be spent out of the Village. Because of this, Holden requests that those who will be volunteering when the boat does not run on a daily basis (October 15 – May 1), get tetanus or TDaP boosters every 5 years.

Briefly describe your general state of health as you perceive it.

What medications are you currently taking? For what reason?

Health History: Please check below all which are relevant to your health history.

- | | | |
|--|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Hospitalization(s) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Low blood sugar |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine/other headaches |
| <input type="checkbox"/> Asthma/COPD | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Blood pressure issues | <input type="checkbox"/> GI issues | <input type="checkbox"/> Sleep issues |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Stroke |
| | | <input type="checkbox"/> Other |

If you checked any of the above, explain below:

I understand the remote nature of Holden Village and its limitation to medical care.
I release this information to be used by Holden Village as needed to ensure safety.

SIGNATURE

PRINTED NAME

DATE