

## JISD Employee Health Form

Employee Name: \_\_\_\_\_

### Emergency Contacts and phone numbers

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Doctor and/or hospital \_\_\_\_\_

**Please update this information so we can take care of you if the need arises. All information is confidential.**

**Check any problems that apply and include information or specific instructions.**

<b>Cardiac</b>		
<b>Asthma</b>		
<b>Diabetes</b>		
<b>High blood pressure</b>		
<b>Any other misc. problems</b>		

**Please list all medications taken:**

**List any allergies to food, drugs, or medications:**

**List any specific health related request:**