

Medications: Please list all prescribed, over-the-counter or herbal supplements you are currently taking, and any related health conditions.

Personal Health Habits: Please describe your personal health habits, commenting on exercise routines, sleep patterns, alcohol consumption, and smoking.

Present Health Status

Are there any medical or mental health conditions which might affect your service or assignment? (Detail any physical challenges, chronic illnesses, mental health diagnoses, special medications, allergies, etc.) If yes, how do you plan to care for yourself during your year of service?

Do you have a history with eating disorders? If yes, please explain:

Do you have any dietary restrictions? If yes, please describe:

Do you have a history of drug or alcohol addiction? If yes, please explain:

Please indicate counseling or therapy you have received and its impact on your life now, using a separate sheet if you wish.

Access to resources varies by locale. With that in mind, do you have any questions for JVC Northwest regarding access to counseling, medical facilities, or addiction services during your year of service?

Signature

Today's Date