

**[REDACTED] 2018 Staff Medical profile**



Gender	Female
Age	23
Date of birth	05-24-1995
Bunking	<i>Not hired</i>

**Emergency contact 1**

Name	[REDACTED]
Relationship	Father
Phone number 1	[REDACTED]
Phone number 2	[REDACTED]

**Emergency contact 2**

Name	[REDACTED]
Relationship	Mom
Phone number 1	[REDACTED]
Phone number 2	

**Basic information**

Height	5'8
Weight	155

**Diet information**

Diet type	Regular
Diet notes	

**Restrictions**

Restrictions?	No
Restrictions notes	

**Doctor information**

Doctor name	
Doctor phone	

**Dentist information**

Dentist name	
Dentist phone	

**Orthodontist information**

Orthodontist name	
Orthodontist phone	

**Insurance**

Insured?	Yes
Insurance provider	Blue Cross Blue Shield
Insurance provider phone	[REDACTED]
Insurance group number	[REDACTED]
Insurance policy number	[REDACTED]
Insurance subscriber name	[REDACTED]
Insurance subscriber DOB	12-27-1963

**Medications**

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	Montelukast	10 mg	asthma	oral		
<b>Deliveries:</b>		Created: 03-05-2018 5:54pm Received? Received by: Notes:				

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
-----------	------	--------	-------------------	-----------	------------	----------

Critical?	Name	Dosage	Reason for taking	How given	Start date	End date
	Spirolonactone	100 mg	ANCE	orally		
Deliveries:		Created: 03-05-2018 5:54pm				
<ul style="list-style-type: none"> <li>• Breakfast</li> <li>• Late Afternoon</li> </ul>		Received?				
		Received by:				
		Notes:				

**Allergies**

Name	Type	Notes
Minocyclin	Medicine	Hives

**Forbidden OTCs**

Name	Notes
Ibuprofen	
Aspirin	

**Immunization history**

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Recent
Diphtheria, tetanus, pertussis * (DTaP) or (TdaP)						
Tetanus booster * (dT) or (TdaP)						
Mumps, measles, rubella * (MMR)						
Polio * (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella						
Meningococcal meningitis (MCV4)						

Had chicken pox?	
Chicken pox date	
TB test date	
TB test positive?	

**General health history**

Ever been hospitalized?	No	Ever had surgery?	Yes
Have recurrent/chronic illnesses?	No	Had a recent infectious disease?	No
Had a recent injury?	No	Had asthma/wheezing/shortness of breath?	Yes
Have diabetes?	No	Had seizures?	No
Had headaches?	No	Wear glasses contacts or protective eyewear?	No
Had fainting or dizziness?	No	Passed out/had chest pain during exercise?	No
Had mononucleosis (mono) during the past 12 months?	No	Have problems with periods/menstruation (if applicable)?	No
Have problems with falling asleep/sleepwalking?	No	Ever had back/joint problems?	No
Have a history of bedwetting?	No	Have problems with diarrhea/constipation?	No
Have any skin problems?	No	Traveled outside the country in the past 9 months?	No

General health history notes	sinus and wisdom teeth surgery I have asthma, but I have an emergency inhaler on me at all times
------------------------------	--

**Mental health history**

--	--	--	--