

## DRO Member Pre-Assignment Health Questionnaire

This form may be completed individually or by a recruiter obtaining the information from the individual noted below.  
This form must be completed for all non-DSHR members.

### PERSONAL DATA

Complete each space. Indicate N/A if not applicable

Legal, proper name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
(Street/Mailing)

\_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
(City) (State) (Zip)

Email \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**If recruiter is obtaining the information, READ THE FOLLOWING STATEMENT: "Do not give me any health information. Give me yes or no answers only". Note: ALL "yes" responses must be reviewed by Red Cross Staff Health prior to assignment to a disaster relief operation or to a group/activity/ work site. Yes answers do not necessarily indicate an individual may not participate. Red Cross Staff Health and the individual will review the information and determine whether assignment is feasible.**

1. Are there any physical limitations that can prevent you from doing disaster relief work such as lifting, walking, bending or stooping?  Yes  No
2. Do you have difficulty lifting 50 lbs  Yes  No
3. Do you have difficulty lifting 20lbs?  Yes  No
4. Do you currently have any stitches or areas of broken skin?  Yes  No
5. Do you currently have a cast, brace or other device that restricts movement?  Yes  No
6. Do you currently use a cane or other device to assist you?  Yes  No
7. Have you been hospitalized or seen in the Emergency Room (ER) in the past six months?  Yes  No
8. Do you have any medical/laboratory tests scheduled within the next month?  Yes  No
9. In the past three days, have you had any symptoms of illness such as fever >100 degrees, cough, sore throat, diarrhea, headache, flu like symptoms etc.? Yes \_\_\_ No \_\_\_
10. Has anyone in your immediate family had the flu or flu like symptoms (fever >100 degrees, cough, sore throat, diarrhea, headache within the past 7 days?  
Yes \_\_\_ No \_\_\_
11. Have you been around anyone with the flu or flu like symptoms (fever >100 degrees, cough, sore throat, diarrhea, headache in the past 7 days?  
Yes \_\_\_ No \_\_\_
12. Have you traveled outside of your normal commuting area in the past 10 days? Yes \_\_\_ Where? \_\_\_\_\_  
No \_\_\_
13. Have you started, changed or stopped any medications in the past 14 days?  Yes  No
14. Will you need to refill any prescriptions during your assignment?  Yes  No
15. Do you require any special accommodations for a disability?  Yes  No
16. Was your job, home or anyone in your family affected by this disaster?  Yes  No

I understand that while health insurance is not required to volunteer on a disaster relief operation for the American Red Cross, I will be financially responsible for my health care expenses.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Red Cross Use Only: Staff Health Comments:

Red Cross Staff Health Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_