FERMILAB SUMMER EMPLOYMENT
HEALTH QUESTIONNAIRE

Name_____ DOB_____Fermilab ID#_____
(Last) ***(First)*** ***(M.I.)*** ***(Mo - Day - Yr.)***

Do you have:

		Yes	**No**
1.	Any chronic disease?	____	____
	☐ Diabetes ☐ Hypoglycemia ☐ Color Blind ☐ Claustrophobia ☐ Other		
2.	Any physical or mental handicaps or limitations?	____	____
3.	Any allergies to:	____	____
	☐ Medications ☐ Foods ☐ Latex ☐ Nickel ☐ Animals ☐ Plants ☐ Other		
4.	Allergy to bee stings?	____	____
5.	Hay fever or asthma?	____	____
6.	Any history of fainting or lightheadedness during exercise?	____	____
7.	Epilepsy or seizure disorder?	____	____
8.	Any other conditions that might interfere with your ability to perform hard physical labor, or other work at Fermilab?	____	____
	☐ Panic disorder ☐ Learning disability ☐ Other		
9.	Do you take any medication on a daily basis?	____	____
10.	Do you wear hearing aids, or have any difficulty with hearing?	____	____
11.	Have you ever had heat related disorder i.e. heat cramps	____	____

Please explain "yes" answers: _____

_____

12.	Do you consider yourself in good health at this time?	____	____

13. (Optional) Emergency telephone number_____ and/or

Private medical doctor telephone number_____

Applicant's signature_____ Date _____

Parent/legal guardian signature (if applicant under 18 years old)_____

Reviewed by Fermilab Medical Office:

☐ OK for employment _____ ☐ Schedule Office visit _____

_____ _____
Medical Office MD/RN Date

ES&H/ Medical revised 02/27/07