

STAFF HEALTH HISTORY AND EMERGENCY CONTACT FORM (18+)

This form must be on file BEFORE the first date of employment



Name: _____ Date of birth ___/___/___

Home Address, City, State, Zip: _____

Home Phone: _____ Cell/Alternate Phone: _____

Position: _____

Employee Healthcare Insurance Company _____

Plan # _____

In case of a life-threatening emergency the Arlington Center for the Arts will immediately call 911.

Emergency Contacts: In case of an emergency the Arlington Center for the Arts will contact in the order provided:

Name	Phone	Relationship

Medical Information

Do you have any allergies or medical conditions that ACA should be aware of in case of emergency? Please indicate any medications you feel would be important to emergency personnel should you become unconscious.

Primary Doctor Name & Phone _____

Please send us a copy of your Immunization Record from your medical provider that shows the following:

- A. Diphtheria, Tetanus, Pertussis (DtaP/DTP/DT/Td)**
a booster shot is required if more than 10 years have elapsed since your last dose of the vaccine
- B. Measles, Mumps, Rubella (MMR) 2 doses** if born in the US after 1957, 1 dose if born outside the US before 1957. Considered immune if born in US before 1957. Laboratory evidence of immunity is also acceptable
- C. Varicella (V) 2 doses.** Anyone born in or after 1980 in the US and anyone born outside the US. Anyone born before 1980 is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is also acceptable.