[redacted] 2018 Staff Medical profile

Gender	Female
Age	23
Date of birth	05-24-1995
Bunking	*Not hired*

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		
Deliveries:		**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
	Spironolactone	100 mg	ANCE	orally		
Deliveries: • Breakfast • Late Afternoon		**Created:** 03-05-2018 5:54pm **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
Diptheria, 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 menigitis (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