

PRESENT EMPLOYMENT:

Name of Company:	Briefly describe type of work performed:

PRESENT VOLUNTEER POSITIONS:

Name of Company:	Briefly describe type of work performed:

EDUCATION:

	Name and Location:	Course Taken:		Year Completed:	Year Graduated:
High School:					
College:		Major:	Degree:		
College:		Major:	Degree:		
College:		Major:	Degree:		
Other:					

MEDICAL:

Our desire is to ensure that you are well cared for. None of the answers below will have any bearing on your presence at the workshop, but will be kept on file in case of an emergency or in order to make preparations for your unique care should medical attention becomes necessary. All information will be kept confidential and will only be shared with with medical personnel as needed.

DO YOU HAVE ANY KNOWN ALLERGIES? YES NO

[Medicine, Food, Insect (Bee / Wasp), Animal (Dog / Cat), etc]

IF YES, PLEASE LIST: If additional space is needed please use back of page

- 1. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening
- 2. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening
- 3. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening

Although you are not required to list chronic medical conditions or blood disorders such as HIV/AIDS, Hemophilia, or Cancer, etc., in case of an injury we would appreciate being informed of any serious medical conditions and/or infectious diseases /disorders when on site. This will allow the workshop staff to be as prepared as possible to provide any and all care needed as well as be able to inform any and all medical personal so that special attention can be given when necessary.

Major Medical Conditions: _____

Should you attend the BSL Nashville workshop, we request that you keep a list of all chronic medical conditions as well as a list of all prescription medications presently being taken on your person at all times.

