

## Voluntary Disclosure of Health History

The information you voluntarily provide on this form will be held in strict confidence by Selkirk College Health and Safety, Human Resources. With your permission, information will be provided to the First Aid Attendant (FAA) at the college campus where you work. This information is intended to provide the FAA with insight regarding potential injury/illness they may have to treat.

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

College Phone or Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Condition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition example: Food allergy to seafood , quickly develops into anaphylaxis.

Medication(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of Medication: \_\_\_\_\_

\_\_\_\_\_

Medication and Location example: Epi-Pen for anaphylaxis kept in desk drawer of my office G-15.

I understand that the information I have provided will be held in confidence by Selkirk College Health and Safety, Human Resources. I consent to this information being used on a need to know basis by college First Aid Attendants.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YY/MM/DD

Some medical history that would be helpful to our FAA's to know about:  
Allergy, Asthma, Stroke, Epilepsy, High Blood Pressure, Heart Conditions, Migraines,  
Lung Conditions, Seizures, Diabetes.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_