University of Central Florida

Field Research Health Form

Complete this form for each member of the field research team if the research is strenuous, hazardous, or conducted in remote locations including any research out of the country. File a copy together with the Field Research Safety Plan in the department/center and keep another available for emergency use in the field.

Name:	**Date:**
Principal Investigator/Academic Supervisor:	
Location and Nature of Field Research:	

Physical Conditions. Check all that apply:

☐ 1. High blood pressure	☐ 10. Active hepatitis	☐ 19. Kidney problems
☐ 2. Heart disease	☐ 11. Tuberculosis	☐ 20. Thyroid problems
☐ 3. Diabetes/hypoglycemia	☐ 12. Arthritis	☐ 21. Eating disorder
☐ 4. Chronic lung problems	☐ 13. Osteoporosis	☐ 22. Anemia
☐ 5. Asthma	☐ 14. Other orthopedic	☐ 23. Heatstroke
☐ 6. Blood disorder (anemia, etc.)	☐ 15. Head injury	☐ 24. Heat/cold sensitivity
☐ 7. Neurological problems	☐ 16. Headaches	☐ 25. Skin problems
☐ 8. Immune system problems	☐ 17. Vision problems	☐ 26. Endocrine
☐ 9. Cancer	☐ 18. Intestinal problems	

☐ 27. Have you been hospitalized or had surgery in the past five years?
☐ 28. Do you have any chronic conditions?
☐ 29. Do you have any allergies (drugs, food, etc.)? List reaction and treatment below.
☐ 30. Do you have any dietary restrictions (vegetarian, vegan, etc.)?
☐ 31. Do you take prescription drugs or medicine? List and explain below.
☐ 32. Do you smoke?
☐ 33. Other (specify):

If you checked any of the above, please explain here (indicate item number from above):

Vaccinations: I have received all vaccinations required for this project: ☐ Yes ☐ No

Psychological. Have you undergone counseling or treatment by a psychiatrist or psychologist in the past two years? ☐ Yes ☐ No
If yes further information may be required.

Current Level of Physical Activity

Activity:	**Leisurely**	**Moderately**	**Intensely**
1.	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐
4.	☐	☐	☐

Stamina	**Easily**	**Some difficulty**	**Not at all**
Before tiring I can walk a mile	☐	☐	☐
Before tiring I can walk five miles	☐	☐	☐
I can hike three hours on rough terrain	☐	☐	☐
I can hike three hours with a 40 lb. pack	☐	☐	☐

Swimming ability: ☐ Non-swimmer ☐ Moderate ☐ Strong
☐ Current lifesaving certificate

Comments (optional):

Participant:
I have answered the questions truthfully.
Signature: _____ Date: _____

Medical Insurance Carrier:
Policy Number:
Name on Policy: