



Nanny Health History Form

What is your Height? _____
Date of last Physical Exam: _____

Weight? _____

Are you currently under a Doctor's care? NO Yes
If yes, please explain: _____

Have you ever been hospitalized? NO Yes
If yes, please explain: _____

Do you have any physical, medical or mental condition, disability or handicap that would prevent you from performing certain types of work? NO Yes
If yes, please explain: _____

Do you smoke? NO Yes
Do you drink alcohol? NO Yes
If yes, please explain: _____

Are you currently taking any medication? NO Yes
If yes, please explain: _____

Have you ever been treated for emotional problems? NO Yes
(psychiatrist, therapist, psychologist)
Have you ever been treated for drug or alcohol abuse? NO Yes
Do you have any dietary restrictions? NO Yes
Do you have any eating disorders? NO Yes
Do you have any physical limitations or restrictions? NO Yes
If yes, please explain: _____

Have you ever been treated for any back disorder or injury? NO Yes
If yes, please explain: _____

Please indicate any allergies below:

- Dogs Cats Other animals: _____
- Foods Medicines Insects
- Other (describe) _____
- No Known Allergies

Please indicate if you have ever had any of the following medical conditions/problems:

- Asthma Anorexia/Bulimia AIDS/HIV
- Cancer Diabetes Epilepsy
- Fainting or dizziness Heart disease Hepatitis
- Hernia High blood pressure Menstrual problems
- Migraines Sexually transmitted disease
- None of the above

The information above is true and complete to the best of my knowledge. I understand that omissions or misrepresentations may be sufficient cause for dismissal.

Candidate Signature: _____

Date: _____

Print Name: _____