



COLUMBUS ZOO VOLUNTEER EMERGENCY MEDICAL FORM

The Columbus Zoo is committed to ensuring the safety of our volunteers while respecting your privacy. This information will be kept strictly confidential and used only for medical purposes in the event of an emergency while on Zoo grounds. Completing this form is optional; however, providing accurate medical information can assist in ensuring timely and appropriate care in case of an emergency.

Last name, First Name _____

Date _____

1. Do you have any allergies? Please list

2. Do you have any chronic conditions that we should be aware of? Please describe.

3. Are you currently taking any medications or supplements? Please list.

4. Is there any other information or health condition(s) that a medical provider should be aware of? (e.g. diabetes, dizzy spells, vertigo, recent illnesses)

5. Preferred Hospital _____

Acknowledgment: By signing below, I affirm this information is true to the best of my knowledge. I understand that I can update this information at any time.

Signature _____ **Date** _____