



Medical Questionnaire

Full Name

Home Address

City

State

Zip Code

Phone Number

Email Address

Guests staying at the Ronald McDonald House of Fort Lauderdale may have a weakened immune system, putting them at a high risk for infection. To prevent these individuals from contracting any infections, **please answer the following:**

Have you or anyone staying with you experienced or been exposed to any of the following within the last 3 weeks?

Chicken Pox	Yes	No	Herpes	Yes	No
Hepatitis	Yes	No	Influenza	Yes	No
Measles	Yes	No	Pertussis	Yes	No
Mumps	Yes	No	Meningitis	Yes	No
Sore Throat	Yes	No	Lice	Yes	No
Salmonella	Yes	No	Diphtheria	Yes	No
Pink Eye	Yes	No	Bed Bugs	Yes	No
Rubella	Yes	No	Rash	Yes	No
Shingles	Yes	No	Shigellosis	Yes	No
Tuberculosis	Yes	No	Diarrhea	Yes	No
Fever (100.4 F)	Yes	No	Oral Polio Virus Vaccine	Yes	No

Do you or anyone staying with you use hypodermic needles?

Yes No

I have read and answered the above questions to the best of my knowledge. I understand that the purpose of these questions is to protect those staying at the Ronald McDonald House of Fort Lauderdale from transmission of infectious disease, which may prove life threatening to them or to members of their families who are receiving hospital care. I agree to inform the management of the house immediately if I, any member of my family, or anyone staying with me develop any symptoms of an infectious disease so that appropriate arrangements can be made. I release Ronald McDonald House of Fort Lauderdale from all liability should I, or any person staying with me, become ill. If any member of my family should develop any of the above-mentioned diseases within two weeks after our stay, I shall notify the house.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Please print the completed form and sign then fax to Evelyn Parks at 954-513-2158 or mail to The Kidz Korner at 4250 Northwest 5th St Plantation, FL 33317.