

**Wintergreen Rescue Squad
Communicable Disease History
(November 6, 2020)**

Confidential Information

| <u>DISEASE</u> | <u>DATE OF ILLNESS</u> |
|------------------------------------|------------------------|
| Measles (Rubeola) | _____ |
| Measles (Rubella) [German Measles] | _____ |
| Mumps | _____ |
| Chickenpox | _____ |
| Hepatitis | _____ Type _____ |
| Tuberculosis | _____ Type _____ |
| Meningitis | _____ Type _____ |
| Malaria | _____ Type _____ |
| HIV Infection | _____ |

This form is to be given directly to the Deputy Chief. This information will remain secure and only be used in case the Rescue Squad is notified that you may have been exposed during a patient transport.

Name: _____
Printed

Date: ____ / ____ / ____

Signature: _____