STAR ISLAND CORPORATION

Morton-Benedict House · 30 Middle Street ·Portsmouth, New Hampshire · 03801
Office: 603-430-6272 · Island: 603-601-0832 · www.starisland.org

Star Island Employee Health Form Cover Sheet

The following health form is designed in a **Self Report** format to make filling out your health record easier for you. To protect your privacy, submit this form in a **separate sealed envelope marked "*Confidential Health Form.*"** Completion of this medical form is a condition of employment.

Star Island is a small island in a remote location with access only by boat. Although there is a first aid station on the island, it is equipped for only basic emergency and first aid treatment & may not be staffed at all times. Travel time to an off island medical facility is a minimum of an hour and may be much longer depending upon weather and sea conditions. There are inherent risks in traveling to and staying on Star Island which cannot be eliminated, such as exposure to elements on a remote island including but not limited to inclement weather, wildlife and unmonitored terrain and woods; the potential for others participating in conference programs to act in a negligent manner that may cause or contribute to injury, harm, or death; and lack of access to a medical facility without extensive travel by boat and motor vehicle.

The Star Island Corporation strongly recommends **not** participating on the staff if you have a medical condition which might reasonably require emergency medical response including but not limited to heart conditions, the last trimester of pregnancy, severe allergic reactions to wildlife or any significant illness/chronic condition which requires ongoing medical treatment or monitoring. If you have had recent surgery or pending, have unstable mental health issues such as panic disorder or bipolar disorder, have neurological problems such as a seizure disorder or mobility issues, if you require specialized medications such as insulin, need specific medical equipment such as oxygen as well as any of the above mentioned conditions, Star Island Corporation is **requiring a medical work clearance from your health care provider** stating you are capable of performing your job responsibilities on Star Island. Employees are also responsible for monitoring & managing their own medical conditions while on the island. Employees need to have an adequate amount of medication for the season as well as be aware of secondary medical issues that may arise as a result of their health condition.

Star Island life can be arduous with many of the jobs physically demanding. The ability of each staff person to attend to his or her routine duties as well as to respond to emergencies is critical. You will be called upon to train as a fire fighter or fire evacuator, run short distances in a fire drill or emergency situation and be able to lift a maximum of 50 lbs. You may be required to assume other work duties other than what you were primarily hired for. You need to be capable of living in a small space in a community setting with a limited water supply for hygiene.

You are financially responsible for any *non work* related health care services such as prescriptions, lab work, x-rays that are recommended through the First Aid Station (FAS) with self payment required in full. If you have insurance, your medical service or prescription, called into a mainland pharmacy, may be covered depending upon your plan. Include a **COPY** of the ***front & back of your insurance card*** with your completed health form

PRIVACY ACT STATEMENT

Principal purposes for which your Medical Information is intended to be used:

1. Establish eligibility to be employed by Star Island Corporation.
2. Establish & maintain a medical record for FAS medical staff use.
3. Allow discussion of pertinent medical information with Star Island Management in the event of injury or medical emergency.
4. Release work related injury information to the Star Island Management for insurance purposes.
5. Discuss work related and/or personal injury information with the Joint Loss Management Committee (Safety Committee) for Island safety review.

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Star Island Self Report Employee Health Form

Employee's Name:		Date of Birth:
Primary Job Position:	Dates of position: ___/___/___ - ___/___/___	
Address:		Phone:
Who can Star Island notify in case of a serious injury or medical emergency?		
Emergency contact:	Relationship:	
Address:	Home Phone:	
	Work Phone:	

Medication Allergies: ☐ No ☐ **YES** _____

CURRENT PRESCRIPTION AND OVER THE COUNTER MEDICATIONS	DOSES	REASON FOR TAKING

Food/Insect Allergies: ☐ No ☐ **YES** _____

Tobacco Use: ☐ No ☐**Yes** How Much? _____ per ☐Day ☐Week ☐Month
Alcohol Use: ☐ No ☐**Yes** How Much? _____ per ☐Day ☐Week ☐Month

Surgery: ☐ No ☐ Yes _____

Foreign Travel (in the past two years): ☐ No ☐ Yes Where? _____

Do you have regular health care? ☐ Yes ☐ **No** Date of last Physical?_____
Are you physically fit & stable? ☐ Yes ☐ **No** _____
Are you capable of lifting up to 50 lbs? ☐ Yes ☐ **No** _____
Are you able to run short distances? ☐ Yes ☐ **No** _____
Are you able to climb four flights of stairs a day? ☐ Yes ☐ **No** _____
Are you mentally & emotionally stable? ☐ Yes ☐ **No** _____
Are your Immunizations up to date? ☐ Yes ☐ **No** _____

Necessary Date: Last Tetanus/ Diphtheria (Td) booster: ___/___/____

Have you had 2 MMR vaccines? ☐ Yes ☐ **No** _____
Have you had 3 Hepatitis B vaccines? ☐ Yes ☐ **No** _____
Have you had a Meningococcal vaccine? ☐ Yes ☐ **No** _____
Have you had the Chicken Pox vaccine? ☐ Yes ☐ **No** _____

HEALTH PROBLEMS		ANY MEDICATION /TREATMENT NEEDED?
ADD/ADHD	☐ Current ☐ Past	☐ No ☐ Yes_____
Allergy Condition	☐ Current ☐ Past	☐ No ☐ Yes_____
Anxiety / Depression	☐ Current ☐ Past	☐ No ☐ Yes_____
Asthma	☐ Current ☐ Past	☐ No ☐ Yes_____
Back pain	☐ Current ☐ Past	☐ No ☐ Yes_____
Bipolar Disorder	☐ Current ☐ Past	☐ No ☐ Yes_____
Bowel Problems	☐ Current ☐ Past	☐ No ☐ Yes_____
Bronchitis	☐ Current ☐ Past	☐ No ☐ Yes_____
Chicken Pox	☐ Current ☐ Past	☐ No ☐ Yes_____
Cholesterol	☐ Current ☐ Past	☐ No ☐ Yes_____
Diabetes	☐ Current ☐ Past	☐ No ☐ Yes_____
Eating Disorders	☐ Current ☐ Past	☐ No ☐ Yes_____
Headaches	☐ Current ☐ Past	☐ No ☐ Yes_____
Heart Condition	☐ Current ☐ Past	☐ No ☐ Yes_____
High Blood Pressure	☐ Current ☐ Past	☐ No ☐ Yes_____
Lyme Disease	☐ Current ☐ Past	☐ No ☐ Yes_____
Muscle/Bone/Joint Problems	☐ Current ☐ Past	☐ No ☐ Yes_____
Panic Disorder	☐ Current ☐ Past	☐ No ☐ Yes_____
Pneumonia	☐ Current ☐ Past	☐ No ☐ Yes_____
Seizure Disorder	☐ Current ☐ Past	☐ No ☐ Yes_____
Sinus Infections	☐ Current ☐ Past	☐ No ☐ Yes_____
Skin problems	☐ Current ☐ Past	☐ No ☐ Yes_____
Stomach Disorder	☐ Current ☐ Past	☐ No ☐ Yes_____
Tropical Diseases	☐ Current ☐ Past	☐ No ☐ Yes_____
Urinary Infections	☐ Current ☐ Past	☐ No ☐ Yes_____
Other Conditions:		

Immunizations Recommended for Wastewater Treatment Facility & Maintenance Dept. Crews.
Hepatitis A vaccine date #1 _____#2_____ ☐ **Need**
Hepatitis B vaccine date #1_____ #2_____ #3 _____☐ **Need**
Last TD booster date _____ *Completed series before arrival recommended but FAS will update these 2 crews during open up as needed.*

Do you have health insurance? ☐ Yes ☐ **No** _____
Have you included a copy of the front/back of insurance card with this form? ☐ Yes

I have read the Health Form Cover Sheet & certify that all the information provided by me is complete & true to the best of my knowledge. I understand that any false or misleading information could result in termination of my employment.

SIGNATURE_____DATE_____

I authorize the release of my medical information by the First Aid Station Medical Staff to the Island Manager, the Portsmouth Star Island office & the Joint Loss Management Committee as deemed necessary & appropriate in the event of a medical emergency, a serious accident or work related injury.

SIGNATURE_____DATE_____