

**Confidential Health Questionnaire – Novadermy Qualification:**  
**Please Print, Fill Out MANUALLY, & Fax to 530-690-8447**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ height: \_\_\_\_\_

Natural Skin: Very Dark: \_\_\_\_\_ Dark "Olive": \_\_\_\_\_ Medium-Dark: \_\_\_\_\_ Slightly dark: \_\_\_\_\_ "Tan": \_\_\_\_\_ White \_\_\_\_\_

1. Do you wear a Medic-Alert Tag? \_\_\_\_\_ Specify \_\_\_\_\_
2. Have you ever had a heart attack of any kind? \_\_\_\_\_
3. Have you ever been told by a doctor that you have high blood pressure, a heart murmur, or any other heart disease? \_\_\_\_\_
4. Do you experience anaphylactic shock from bee stings? \_\_\_\_\_
5. Have you ever experienced a seizure of any kind? \_\_\_\_\_
6. Do you have **serious** allergic reactions to any environmental substance, foods, or **drugs**?  
Specify \_\_\_\_\_
7. Do you have hemophilia or other blood disorders including lymphoma and leukemia?  
\_\_\_\_\_
8. Have you ever had lung cancer or other lung disease or respiratory/breathing disorder?  
\_\_\_\_\_
9. Do you have Diabetes? \_\_\_\_\_ Vascular disorders? \_\_\_\_\_ Kidney Disorder? \_\_\_\_\_
10. Are you taking any medications prescribed by a physician? Specify which drugs, for what reason, and if the condition is under control \_\_\_\_\_
11. Do you have severe hypoglycemia? \_\_\_\_\_
12. Are you severely overweight relative to your height? \_\_\_\_\_
13. Are you currently under the care of a medical doctor? \_\_\_\_\_ If "yes," why?  
\_\_\_\_\_
14. Have you ever had psychiatric treatment? \_\_\_\_\_
15. Do you have any significant psychological handicaps that you are aware of?  
Specify \_\_\_\_\_
16. Any other health conditions? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Notes \_\_\_\_\_

**EMERGENCY USE**

CONTACT PERSON: NAME AND PHONE: \_\_\_\_\_

DOCTOR'S NAME AND PHONE: \_\_\_\_\_