

Health Risk Assessment for Volunteers

Date: [Insert Date]

Dear [Volunteer's Name],

Thank you for your commitment to volunteering with [Organization Name]. As part of our efforts to ensure a safe and healthy environment for all participants, we require a Health Risk Assessment from all volunteers.

Personal Information

Name: [Insert Name]

Contact Information: [Insert Phone Number and Email]

Health Assessment Questions

1. Do you currently have any medical conditions we should be aware of? (Yes/No)
2. Are you taking any medications? (Yes/No)
3. Have you had any allergies or adverse reactions to medications, food, or environmental substances? (Yes/No)
4. Have you experienced any significant health issues in the past year? (Yes/No)

Please provide any additional information that may impact your ability to volunteer:

[Insert Space for Additional Comments]

We assure you that your information will be kept confidential and will only be used for the purpose of ensuring the safety and well-being of all volunteers.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Organization Contact Information]