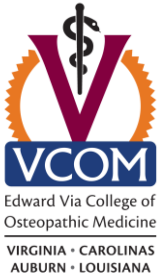

TO THE EXAMINING PROVIDER: Please review the student's history and complete this form. Please comment on all affirmative answers. THIS STUDENT HAS BEEN ACCEPTED. The information supplied will not affect his/her status. It will be used only as a background for providing health care. This information will not be released without student consent.

PERSONAL MEDICAL HISTORY

MEDICAL HISTORY

To be completed by the Student

Do you have, or have you ever had, any of the following medical conditions?

Yes No

- ☐ ☐ Absence/damage to any paired organ (kidney, eye, etc.)
- ☐ ☐ Alcohol or drug use, problem or treatment
- ☐ ☐ Anxiety or nervousness
- ☐ ☐ Anaphylaxis or severe allergic reaction
  Specify_______________________
- ☐ ☐ Anemia
- ☐ ☐ Arthritis
- ☐ ☐ Asthma
- ☐ ☐ Bipolar disorder/manic depression
- ☐ ☐ Blood disorders or Bleeding trait
- ☐ ☐ Breast disease
- ☐ ☐ Cancer or malignancy
- ☐ ☐ Chronic inflammatory bowel disease
- ☐ ☐ Chronic kidney condition
- ☐ ☐ Depression
- ☐ ☐ Diabetes Mellitus
- ☐ ☐ Digestive trouble
- ☐ ☐ Dizziness/fainting
- ☐ ☐ Ear infections/hearing problems
- ☐ ☐ Eating disorders: bulimia/anorexia nervosa
- ☐ ☐ Emotional/mental illness
- ☐ ☐ Hepatitis B
- ☐ ☐ Hepatitis C
- ☐ ☐ Heart Disease
- ☐ ☐ High cholesterol
- ☐ ☐ HIV/AIDS (optional response)
- ☐ ☐ Insomnia/sleep problems
- ☐ ☐ Kidney disease (congenital or other)
- ☐ ☐ Migraine/recurrent headaches
- ☐ ☐ Orthopedic problems/injuries
- ☐ ☐ Seizure disorder (epilepsy)
- ☐ ☐ Thyroid disorder
- ☐ ☐ Tuberculosis

Have you had any surgery? Yes No
Explain: ________________________________

Have you been hospitalized? Yes No
Explain:________________________________

Other medical conditions not listed above:
____

CURRENT MEDICATIONS (frequent or regular)

Please list:

____
____
____
____
____
____

☐ No Medication

Allergies

Check the appropriate box(s), if any, of the following allergies:

Yes No

- ☐ ☐ Medications
  Specify_______________________
- ☐ ☐ Latex
- ☐ ☐ Food:
  Specify_______________________
- ☐ ☐ Other:
  Specify_______________________

Student Name: ______________________________

Student Signature: ___________________________

Date: _____________________________________