

LINDSEY WILSON COLLEGE STUDENT HEALTH HISTORY

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Home Address: _____

Personal Physician: _____

Please check "Yes" or "No" for each item below. Explain "Yes" answers in space provided below.

	Yes	No		Yes	No
1. Do you have any allergies (example: pollen, medicine, food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	11. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently taking any prescriptions or nonprescription (over the counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have you ever tested positive for Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had chest pain?	<input type="checkbox"/>	<input type="checkbox"/>	I have received information on Hepatitis B and Meningitis and the vaccinations.*	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Explain Yes answers here: _____		
7. Have you ever had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
8. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
9. Does your family have a history of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>			

*brochures will be available during orientation.

Emergency Contact Information:

Name: _____ Work Phone: _____ Home phone: _____

Cell phone: _____ Email address: _____

Name: _____ Work Phone: _____ Home phone: _____

Cell phone: _____ Email address: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student: _____ S.S. # _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____