

Student Signature

Health History & Contact Form

(To be completed by the student)

PERSONAL INFORMATION (Please print)

Last Name	Legal First	Name	Middle	Preferred Name	
Address		City	*	State Zip Code	
()	1 1		_ I identify my	gender as:	
Student's Cell Phone	Date of Birth	Country of Birth	_ ,,	gondor dor	
Emergency Contacts (Pl	ease list up to 3 people):			emale Gender assigned at birth	
NAME	RELATIONSHIP	PHONE		er Man / Transman	
1,		100 24 10 NOVEMBER 645.00		er woman / Transwoman	
	,		Genderque	er / Gender nonconforming	
			Additional ider	itity (fill in):	
INSURANCE INFORMATION			PLEASE PRO	PLEASE PROVIDE A COPY OF THE FRONT & BACK OF YO	
			HEALTH INSU	IRANCE CARD SO WE HAVE IT ON FILE FOR	
			_ LAB WORK, F	REFERRALS OR EMERGENCIES.	
Policy holder name	Relations	ship to student	-@		
Health insurance carrier (Ex.:	Aetna, Blue Cross, etc.)	Member ID #	Grou	p #	
MEDICAL HISTORY	– If YOU have a present or	past history of the f	ollowing, please	check all that apply:	
Alcohol abuse	☐ Drug abuse	Intestinal /stomach t		Overweight / obesity	
Anemia	Ear trouble / hearing loss	Joint disease / injur	y	Scarlet fever	
Anxiety	Eating disorder	Attention Deficit Hy	peractivity Disorder	Sexually transmitted infection (STI)	
Arthritis	Eye disease / problems			Sickle Cell Trait / Anemia	
Asthma	Gallbladder trouble	☐ Migraine headache	S	Sinus trouble	
Back problems	Hay fever (recurrent)	Mononucleosis, infe	ectious	Skin problems (chronic)	
Cancer	☐ Head injury	Mumps		Sleep problems	
Convulsions / seizures	Headache (recurrent)	Pneumonia		Smoking (how long?)	
Cough (chronic)	Heart disease / problems	Paralysis		Spleen, surgical removal	
Depression	Hepatitis / jaundice	PCOS Thyroid disease			
Diabetes	Hernia / rupture	Psychological coun	seling	Tuberculosis	
Disability / Handicap	☐ High blood pressure	Rheumatic fever		Urinary tract infection	
Other:				☐ NONE OF THE ABOVE	
			•		
Current medications (list all	l, including birth control): Alle	ergies to drugs, foods, ot	ner?	w) No Hospitalizations / surgeries:	
	, , , , , , , , , , , , , , , , , , ,				
		you carry an EpiPen for	anu allerriae2 🗆 Va		
Available to the second of the	D0	you carry an EpiPen ior	any allergies?	S INO	
FAMILY HISTORY (F	Place relationship in blank)				
			for the first and	Hypertension / stroke	
Alcohol / drug abuse	Death before 50 _		ited cholesterol		

Date