



O ' M O R E
C O L L E G E
O F D E S I G N

Student Health History

TO THE STUDENT: A health history form is required of all O'More College Students. This health information is confidential. Please read the form carefully and answer all the questions. Consult your parents for accurate answers to all questions.

Student Name _____

Address _____

Social Security No. _____ Date of Birth _____

In case of emergency notify _____ Phone # _____

Address _____ Relationship _____

Physician's name _____ Phone # _____

Are you covered by hospitalization insurance? YES NO

Name of Insurance Company _____

Policy # _____ Name of Policy holder _____

Relationship to Policy holder _____

Do you have any known allergies? (medicines, foods, insect bites, etc.)? _____

If yes, what type of reaction do you have? _____

Please list any prescribed medicines you are currently taking: _____

Have you ever had a positive skin test for tuberculosis, or treatment for a positive skin test? YES NO

Have you had a tetanus toxoid (or tetanus-diphtheria) injection within the last ten years? YES NO

INSTRUCTIONS: If you are currently experiencing problems with or have a history of any of the following, please check the appropriate box and comment briefly in the space provided.

Abnormal or irregular heart rate or rhythm _____ Asthma _____

Abnormal/excessive bleeding _____ Diabetes _____

Epilepsy or seizure disorder _____

Counseling or treatment for emotional problems in the past 5 years. _____

Any physical handicap which may cause difficulty in the performance of routine activities. _____