



## Student Health History

A health history form is required of all O'More College students. This health information is confidential. Please read the form carefully and answer the questions. If necessary, consult your parents for accurate answers to all questions.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you covered by hospitalization insurance? Yes No

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ 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

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.

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: \_\_\_\_\_

\_\_\_\_\_