

... 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

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 _____

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