

# Student Health Assessment Form

## STUDENT INFORMATION

Name (print last, first, middle)	Birth Date	Phone
Address	City	State
Emergency Contact & Number	Relationship	
Department	Position	Sex (M, F)      Marital Status (S, M, W, D)
Personal Physician & Number		

### STUDENT'S HEALTH HISTORY

Has a been diagnosed with any of the following conditions listed?      Diabetes \_\_\_\_\_      Cancer \_\_\_\_\_

Heart Disease \_\_\_\_\_      High Blood Pressure \_\_\_\_\_      Tuberculosis \_\_\_\_\_

### PERSONAL HEALTH HISTORY

	Yes	No		Yes	No		Yes	No	
Back Injuries	{ }	{ }	Heart Disease	{ }	{ }	Permanent defect from illness, disease, injury	{ }	{ }	
Seizures, fainting, dizziness	{ }	{ }	Stomach Ulcer	{ }	{ }		Stomach, gall bladder trouble	{ }	{ }
Any type allergies	{ }	{ }	Rheumatic fever	{ }	{ }		Asthma	{ }	{ }
Tuberculosis	{ }	{ }	Hearing difficulty	{ }	{ }		Vision difficulty, eye disease	{ }	{ }
Any type Hepatitis, jaundice	{ }	{ }	Kidney disease	{ }	{ }		Ear, nose, throat trouble-sinus, colds	{ }	{ }
Nervous disorder	{ }	{ }	Muscular disease	{ }	{ }				
Respiratory disease	{ }	{ }	Mental illness	{ }	{ }				
High Blood Pressure	{ }	{ }	Hernia	{ }	{ }				
Arthritis, joint disease	{ }	{ }	Diabetes	{ }	{ }				
Cancer	{ }	{ }	Headaches	{ }	{ }				
Receiving medical treatment at the present time or in the past 6 months							{ }	{ }	

If answer to any of the above is yes, explain:

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Medication Allergies \_\_\_\_\_

Medications Now Taking \_\_\_\_\_

Last Tetanus Vaccination: \_\_\_\_\_

Childhood diseases:		Had		Immunized		Did not have, not immunized, appropriately instructed
Chicken pox	{ }		{ }		{ }	
Red Measles (Rubeola)	{ }		{ }		{ }	
Mumps	{ }		{ }		{ }	
German Measles (Rubella)	{ }		{ }		{ }	

Would you say your child's present health is:      { } Excellent      { } Good      { } Fair      { } Poor

This information is true and correct to the best of my knowledge.

Signature of Parent/Legal Guardian: \_\_\_\_\_