Health History

First Name | Middle | Last | Maiden | Student ID

Please check any of the following conditions which apply to you:

Allergies to food/medications	___	Back problems	___
Current medication	___	Urinary Tract Infections	___
Current medical treatment	___	Skin problems	___
Operations/serious injury	___	Gum/tooth problems	___
Hospitalization	___	Difficulty sleeping/sleeping disorder	___
Special dietary requirements	___	Depression	___
Vision problems/glasses/contacts	___		
Chicken Pox	___	*Please explain any checked conditions:*	
Bleeding disorder	___		
Anemia	___		
High/low blood pressure	___		
Heart Disease	___		
Rheumatic Fever	___		
Asthma/Hay Fever	___		
Ear/nose/throat conditions	___	Height: Weight:	
Infectious Mono	___		
Headaches	___	Allergies/Sensitivity to Medications:	
Fainting/dizziness	___		
Convulsions/Epilepsy	___		
Diabetes	___	Food Allergies:	
Ulcers/Indigestion	___		
Recurrent Diarrhea	___		
Weight loss/gain	___	Other Allergies:	
Hepatitis	___		
Bone/joint pain	___		

Have you ever received treatment for emotional problems? Yes___ No___ Were you hospitalized? Yes___ No___

If you answered "Yes," please elaborate:

_____

Are you taking any medications for emotional problems?

_____

Please list any special medical requirements, disabilities, or other health concerns (emotional or physical) that you have.

_____

PERMISSION TO TREAT

I hereby authorize and give my consent to the health authorities of Calvary University and/or their designee for any necessary medical or surgical treatment. This authorization covers immunizations, injections, minor procedures, anesthesia and/or hospitalization in case of serious accident, illness, or injury.

The student is financially responsible for any medical expenses, hospital expenses, and/or treatment by a physician. This applies even when the student is transported in an emergency by Emergency Medical Services or by University personnel. Students are required to carry adequate health insurance. Please contact Admissions for information on Calvary's student insurance policy.

Signature of Student_____ Date_____

Signature of Parent or Guardian (if student is under 18): _____