

Health History

First Name	Middle	Last	Maiden	Student ID
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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	_____		
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	_____		

Please explain any checked conditions:

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): _____