

Health History

First Name	Middle	Last	Maiden	Student ID
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Please check any of the following conditions which apply to you:

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| 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 | _____ | <i>Please explain any checked conditions:</i> | |
| 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 | _____ | Other Allergies: | |
| Weight loss/gain | _____ | | |
| 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): _____