



Name: _____
 Blugold ID: _____
 Date of Birth: _____
 Today's Date: _____

Health History Form
 All students must complete this from
 (ALL INFORMATION IS CONFIDENTIAL)

Personal Medical History

Please check all conditions you currently have or have had in the past. If you have no past or current personal medical problems please check the starred box.

Preferred Name (nickname, etc.) _____

Gender

- Female
- Male
- Other (specify) _____
- Transgender (preferred pronoun) _____

Medical History

****NO HISTORY OF SIGNIFICANT HEALTH PROBLEMS****

- Environmental Allergy (pollen, animals, etc.)
(Specify) _____
- Genetic Disorder
- Headaches (frequent)
- Headaches (Migraines)
- Hearing Impairment
- HIV/AIDS
- Learning Disability
- Neurologic Problem(s)
- Physical Disability
- Seizure Disorder/Epilepsy
- Sickle Cell Disease/Trait
- Tuberculosis
- Visual Impairment (excluding glasses/contact use)

- Joint/Rheumatologic Disorder
- Kidney Disease
- Liver Disease/Hepatitis
- Reflux Disease/Ulcers
- Reproductive/Sexual Health Problem
- Significant Injury/Trauma (when) _____
- Thyroid Disease
- Acne
- Autoimmune Disorder
- Bleeding(s)
- Blood Transfusion (when) _____
- Concussion

Family Medical History

Please check any condition present in your family (identify immediate family members ONLY: parents, siblings, grandparents)

List individual(s) on line to the right of condition

** NO HISTORY OF FAMILY HEALTH PROBLEMS**

** UNKNOWN FAMILY MEDICAL HISTORY**

- Cancer _____
- Cholesterol or Lipid Abnormalities _____
- Diabetes _____
- Glaucoma _____
- Heart Attack _____ Age _____
- Heart/Cardiovascular Disease _____
- Hypertension (high blood pressure) _____
- Osteoporosis _____
- Stroke _____ Age _____
- Thyroid Disease _____
- Autoimmune Disorder _____
- Bleeding Disorder _____
- Blood Clot _____

Mental Health

- Alcohol Dependency/Abuse _____
- Anxiety Disorder _____
- Bipolar Disorder _____
- Depression _____
- Eating Disorder _____
- Other Mental Health _____
- Suicide/Suicide Attempt _____

Other

Sudden, Unexpected Death <60 years of age (no trauma) _____ Age _____

Other History Please List _____

Surgeries and Hospitalizations

Please list all surgeries and hospitalizations (including overnight stays) you have had in the past.

None
Procedure

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