THE LEADER IN GLOBAL EDUCATION

FAIRLEIGH DICKINSON UNIVERSITY

Medical History

CONFIDENTIAL

To be completed by the student.

Rev. 3 (2012-04-26)

Name: _____ Male ☐ Female ☐

Last *First* *Middle*

Student ID: _____ Date of Birth: _____ m m d d y y y y

FAMILY HISTORY (Check all that apply.) (Please use COMMENTS section if additional details are needed for clarification.)

Condition	Mother	Father	Sibling	Condition	Mother	Father	Sibling
Alcohol/Drug abuse	☐	☐	☐	High Blood Pressure	☐	☐	☐
Asthma	☐	☐	☐	Kidney Disease	☐	☐	☐
Cancer	☐	☐	☐	Mental/Emotional Illness	☐	☐	☐
Deceased (age)	☐	☐	☐	Stroke	☐	☐	☐
Heart Disease	☐	☐	☐	Tuberculosis	☐	☐	☐

PERSONAL HEALTH HISTORY (Check all that apply.) (Please use COMMENTS section if additional details are needed.)

☐Abusive/controlling relationship
☐Alcohol/drug abuse
☐Anemia
☐Arthritis
☐Asthma
☐Bronchitis
☐Cancer
☐Chicken Pox
☐Convulsions/seizures
☐Diabetes
☐Disability (Physical or Learning)
☐Ear trouble/hearing loss
☐Eating disorder
☐Eye disease/vision problems
☐Gallbladder trouble
☐Head Injury
☐Heart disease/problems
☐Hepatitis/jaundice
☐High blood pressure
☐HIV/AIDS
☐Hospitalization (list details below)
☐Intestinal/stomach trouble
☐Kidney disease/bladder problems
☐Lyme disease
☐Menstrual problems
☐Migraine headaches
☐Mononucleosis
☐Muscle, joint/bone disorder
☐Operations or serious injuries (list details below)
☐Pneumonia
☐Paralysis
☐Psychological/emotional problems
☐Rheumatic fever
☐Self-harming behavior
☐Sexually transmitted disease
☐Sickle cell trait/anemia
☐Sinus trouble
☐Skin disorder
☐Sleep difficulties
☐Smoking/tobacco use
☐Thyroid disease
☐Tuberculosis

Are there other aspects of your heath that might cause problems for you or require special accommodations (including academics, housing, dietary, and transportation) at FDU? If so, please specify. _____

Medications Taken Regularly (Include ALL prescription medications.)

_____ _____
Medication/Dosage/Frequency *Medication/Dosage/Frequency*

_____ _____
Medication/Dosage/Frequency *Medication/Dosage/Frequency*

Drug Allergies *(Please specify.)*

_____

Allergies (Please specify; include food, insect, and environmental allergies.)

_____

COMMENTS

_____

_____

I _____ declare that all of the above information is true to the best of my knowledge.

Student Signature: _____ Date: _____