

Campus Health Center Nebraska Methodist College-the Josie Harper Campus 720 N. 87th Street Omaha, NE 68114-3426

> (402) 354-7211 Fax: 354-7265

Completion of this form by you and your health care provider is a requirement for admission.

Name:				Progra	m of	study:		
Address:								
Address: Street			City			State Zip Coo	de	
Phone #.:		I	Date of Birth:		Sex	:		
In emergency, notify:			Relationshi	ip:		Phone:		
Family Physician:				Ado	dress:			
Personal Health History	(Ple	ase an	swer all questions. Explai	n all "y	yes" a	answers.)		
Have you had	Yes	No	Have you had	Yes	No	Have you had	Yes	No
Abnormal pap			Diabetes			High cholesterol		
Acne			Dislocation (orthopedic)			Impaired hearing		
Anaphylaxis			Eating disorder			Irritable bowel		
Anemia			Eczema/skin conditions			Kidney disorder		
Asthma			Esophageal reflux/GERD			Meningitis		
Back pain/back problems			Fainting/syncope			Migraines		
Blood clots			Fracture			Mononucleosis (mono)		
Cancer			Gynecologic problems			Polycyctic Ovarian Syndrome		
Celiac Disease			Hayfever/environmental allergies			Seizure disorder		
Chicken pox (disease)			Heart murmur/palpitations			Thyroid disorder		
Concussions			Hernia			Urinary tract infections		
Depression/anxiety			High blood pressure			Visual problems/glasses/contacts		
Medication Allergies:			Surgery:			Any physical activity restri	ctions:	
Penicillin family allergy			Appendectomy					
Sulfa family allergy			Tonsillectomy					
Cipro family allergy			Other					
Other (list below)								
Other Allergies (latex, food, environmental)								
Explanation or other media	cal co	nditio	n:					_

Current tobacco user? YES	NO		If was have ma	ny nan waald					
0. 77. 1							1.0		
Past tobacco user? YES NO Alcohol user? YES NO If yes, how many per week?									
Do you always wear a seat bel									
How often do you exercise? _									
Will you need specific medica	al assistar	nce or	physical disabil	ity accommodations at college	?				
r ··									
Immediate Family History (mother,	father	r, siblings)						
			Relationship		Yes	No	Relationship		
Asthma/hayfever				Cancer (list type below)					
Depression/anxiety									
Diabetes									
Heart disease									
High blood pressure				Other					
Thyroid disease									
Fo the best of my knowledge	the abov	e info	rmation is accur	rate. I understand the informati	on I nrov	ided v	vill be used to		
assist medical personnel in case				ate. I understand the informati	on i prov	raca w	in be used to		
issist inicarcar personner in ca.	50 01 01110	71 50110	<i>J</i> -						
				Date:					