

ATU HEALTH & WELLNESS CENTER

HEALTH HISTORY

Name (please print): _____ Date: _____

Last First Middle

Birthday:_____ Sex: M F Other_____ Student: Main Campus or Ozark Campus

Cell #: _____ Emergency contact #: _____

Race:_____ Marital Status: S M D W Relationship:_____

Allergies (medication):_____ Conditions currently being treated or followed:_____

Surgeries/Hospitalizations/Serious Injuries/Disabilities:_____ Current Medications (include OTC/herbal):_____

Which on campus camp are you attending?_____

Medical History

Self			Family			
Yes	No	Specify	Yes	No	Relationship/Specify	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Gastrointestinal Problems (e.g., hepatitis, colitis, ulcers)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney/Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Mental Health Problems (e.g., depression, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Respiratory Disease (e.g., asthma, emphysema)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Seizure/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Positive Tuberculin Skin Test	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	Other Medical Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you have health insurance? _____ Yes _____ No

May we give your student over the counter medications such as, but not limited to, Tylenol, Ibuprofen? _____

Authorization for Medical Procedures:

Permission is hereby granted to Health and Wellness Center at Arkansas Tech University to authorize medical services, including physician ordered injections or required immunizations. In case of emergency, when the student is unconscious, the Health and Wellness Center is authorized and requested to refer the student to a duly licensed physician, dentist or hospital, and such physician, dentist or hospital is authorized to administer such treatment or surgery as appears prudent under the circumstances then existing.

Signature of Student

Signature of Parent or Guardian if Student is under age 18

This document is used for evaluating the physical and emotional condition of each student so that the Health and Wellness Center can meet the student's needs. **THIS IS A CONFIDENTIAL COMMUNICATION** between the student and the Health and Wellness Center (nurse). Information herein will not be transmitted to anyone without the written consent of the student. To the best of my knowledge the information submitted is complete and accurate.

Student's Signature: _____

Date: _____