

HEALTH STATUS FORM
(required for all visitors to the GRC)
2008-2009

Name _____ Age _____ Sex _____

Campus Address _____ City/State _____ Telephone _____

Home Address _____ City/State _____ Telephone _____

Height _____ Weight _____

Emergency Contact Name _____ Telephone _____

Do you participate regularly in active sports? Yes _____ No _____. If so specify what sports. If not, indicate what exercise you normally obtain:

Have you ever been rejected from military service or employment for medical reasons? Yes _____ No _____. If yes, please explain.

When was your last physical examination? Month _____ Year _____ Where _____.

When was your last chest X-ray? Month _____ Year _____ Where _____.

Reason for and results of chest X-ray:

Have you ever had an electrocardiogram? Yes _____ No _____; have you ever had an electroencephalogram? Yes _____ No _____; if yes to either, give reason for test and the results:

Check the blank if you have, or ever have had, any of the following. Explain, giving dates and other pertinent information.

- Frequent colds or sore throat _____
- Hay fever or sinus trouble _____
- Trouble breathing through nose, other than during colds _____
- Painful or running ear, mastoid trouble, broken eardrum _____
- Asthma or shortness of breath after moderate exercise _____
- Chest pain or persistent cough _____
- Spells of fast irregular, or pounding heart _____
- High or low blood pressure _____
- Any kind of "heart trouble" _____
- Frequent upset stomach, heartburn, indigestion, peptic ulcer _____
- Frequent diarrhea or blood in stool _____
- Belly or backache lasting more than a day or two _____
- Kidney or bladder disease; blood, sugar, or albumin in urine _____
- Syphilis or gonorrhea _____

Broken bone, serious sprain or strain, dislocated joint _____
Rheumatism, arthritis, or other joint trouble _____
Severe or frequent headaches _____
Head injury causing unconsciousness _____
Dizzy spells, fainting spells or fits _____
Trouble sleeping, frequent nightmares, sleep walking _____
Nervous breakdown or periods of marked depression _____
Dislike for closed-in spaces, large open places or high places _____
Any neurological condition _____
Train, sea, air sickness _____
Alcoholism, or any drug or narcotic habit (including regular use of sleeping pills, Benzedrine, etc.) _____
Recent gain or loss of weight or appetite _____
Jaundice or hepatitis _____
Tuberculosis _____
Diabetes _____
Rheumatic fever _____

Any serious accident, injury or illness not mentioned above (describe under "remarks" giving dates).

List any prescribed medications you are currently taking (for example, insulin)

Describe purpose for medication.

Do you have any allergies (food, drug, environmental)?

Are you or have you ever been on a special diet?

Are you under professional care other than for periodic checkups?

If yes, please explain.

Have you received professional help regarding any mental or emotional disorder?

If yes, please explain.

Date of last tetanus shot _____.

Remarks:

Signature _____.

Date _____.