



HEALTH RECORD
MEDICAL QUESTIONNAIRE

SIDE 1: TO BE FILLED OUT COMPLETELY BY THE STUDENT. This information is confidential and will not be released to anyone without your knowledge and consent. Please answer each question on this form and mail to: Health Center, Thomas College, 180 W. River Rd., Waterville, ME 04901 or fax to: (207)859-1126 or email to: healthctr@thomas.edu. This form is not valid without your signature at the bottom.

NAME LAST FIRST MIDDLE

HOME ADDRESS STREET CITY STATE ZIP COUNTRY

HOME PHONE # (include area code) CELL PHONE # (include area code) BIRTH DATE / / Month Day Year

1. PARENT/GUARDIAN NAME PHONE (include area code)

2. PARENT/GUARDIAN NAME PHONE (include area code)

NAME OF EMERGENCY CONTACT (other than Parent/Guardian)

RELATIONSHIP PHONE # (include area code)

Permission is hereby granted for the emergency use of anesthesia and emergency medical treatment for applicant under the age of 18. Every effort will be made to contact parents - this permission will be used only in emergency. Permission is also given to administer flu vaccine if requested by student.

Signature PARENT OR GUARDIAN

Each student must be covered by medical insurance. Policy name & number

Personal Medical History

Do you have any problems with any of the following diseases or conditions? Please check all that apply.

- Head injury w/unconsciousness Menstrual problems Glasses Contacts Both
Migraine headache Anemia
Seizure disorder/epilepsy Tumor, cancer, cyst Allergies (cause & symptoms)
Sinusitis Rheumatic Fever Medications (penicillin, sulfa, or other)
Asthma Diabetes
Tuberculosis Alcohol/drug problem Other:
Heart murmur, heart disease Eating disorder
High blood pressure Frequent depression (anxiety, panic attacks)
Stomach or intestinal problem Medications - list any you are taking:
Orthopedic problems (including back problems) Sickle Cell Trait

Surgeries (type and date):

Has your physical activity been restricted during the past five years? No Yes (Give reasons and duration in REMARKS SECTION.)

Have you had any illness or injury or been hospitalized other than already noted? No Yes (Give details in REMARKS SECTION.)

REMARKS SECTION - Please list here any physical or psychological problems which are current or on-going.

REMARKS SECTION (lines for text)

Student's Signature: Date