Health History Form

To be completed by student. All information is confidential.

Last Name:	First Name:	Student ID:
Gender:	Date of Birth:	Cell phone:
Address:		
Email:		Commuter Resident
First Year Sophomore Junior Senior Graduate Rabbinical		Major:
Is this your first semester as a Transfer Student to AJU: yes no		

In Case of Emergency notify:

Emergency Contact Name:	Relationship:
Phone:	Address:

Family Background: Has anyone in your immediate family or blood relatives had any of the following?

	Yes	No	If yes, please specify:
High blood pressure			
Diabetes			
High Cholesterol			
Stroke or heart attack before age 50			
Cancer			
Psychiatric illness			

Personal History

	Yes	No	If yes, please specify:
Are you currently under the care of a Physician?			Reason:
Do you take any medications? List all prescription or over-the-counters			
Do you have any allergies? List all environmental, food, medications, etc.			
Do you smoke?			How many per day?
Do you drink alcohol?			How much per week?
Do you use Recreational drugs?			How much per week?
Do you have or ever had Anorexia or Bulimia?			
Do you exercise regularly?			What type and how often?

Please continue to back side. Signature(s) required at the end of the questionnaire.

Have you ever had or do you have any of the following?

	Yes	No	If yes, please specify:
Anemia			
Anxiety / Depression / other Emotional illness			
Asthma or Hay fever			
Blood clot or Vein problem			
Bone, Joint or Muscle problem			
Cancer			Type:
Diabetes			Since: On insulin? yes no
Digestive / Abdominal problem / Ulcer			
Fainting / Dizzy spells			
Genital / Urinary problem			
Headaches			
Headaches, Migraine (diagnosed)			
Hearing Loss			
Heart murmur / other Heart problem			
Hepatitis / Jaundice / Liver problem			
High blood pressure			
High cholesterol (diagnosed)			When diagnosed?
Kidney disease			
Seizures or Epilepsy			Type:
Surgery			
Thyroid problem			
Tuberculosis			

For Women

	Yes	No	If yes, please specify:
Have you had a Pap smear?			Date: Were the results normal? yes no
Are you pregnant or breastfeeding?			
Do you have any GYN problems / disorders?			

Consent: This must be signed by the student, and, for minors (under 18 years of age), by parent or legal guardian. Authority and consent is given to AJU & Mount Saint Mary's University Student Health Services to cause the examination and treatment of the above named student either at the Health Center or by outside physicians and medical facilities as are available in case of illness and/or injury as well as University Health Requirements. Consent is further given for necessary admission to and medical or surgical treatment in a hospital. It is agreed that all medical and/or hospital expenses incurred beyond those covered by any applicable student insurance policy will be paid directly by the undersigned student and parent or guardian and the College will not be responsible thereon. Consent is also given to release health requirement information for clinical placements to respective departments and/or clinical sites.

Student Signature:	**Date:**
If under 18, Parent/Legal Guardian Signature:	Date:

PLEASE MAKE A PERSONAL COPY OF ALL RECORDS BEFORE SENDING.

Return completed form in a sealed envelope (labeled AJU Nurse) directly to the Student Health Center or place in Nurse's mailbox.
15600 Mulholland Drive Los Angeles, California 90077 (310) 476-9777 x219

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