

Student Health History Form

125 West Cooper

Personal History

Sterling, Kansas 67579

To be completed by student

To be returned to Student Life Office

or email: studentlife@sterling.edu

Name (Last) _____ (First) _____ (MI) _____	
Address: Street _____ City _____	
State _____ Zip _____ Home Phone # _____	
Cell Phone # _____ email: _____	
I plan to participate in a varsity sport. Yes _____ No _____ Which sports? _____	
Birthdate _____ Male _____ Female _____	
Medical History Do you have a present or past history of the following? Check all that apply	
<input type="checkbox"/> Allergies (please list) _____	<input type="checkbox"/> Contacts, Glasses _____
<input type="checkbox"/> AD/HD _____	<input type="checkbox"/> Heart Disease _____
<input type="checkbox"/> Alcohol/Drug Abus _____	<input type="checkbox"/> Polio _____
<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Depression/Anxiety _____
<input type="checkbox"/> Bipolar _____	<input type="checkbox"/> Hepatitis _____
<input type="checkbox"/> Cancer _____	<input type="checkbox"/> Diabetes _____
<input type="checkbox"/> Chicken pox _____	<input type="checkbox"/> Hernia _____
<input type="checkbox"/> Colitis _____	<input type="checkbox"/> High Blood Pressure _____
	<input type="checkbox"/> Infectious MONO _____
	<input type="checkbox"/> Measles _____
	<input type="checkbox"/> Mumps _____
	<input type="checkbox"/> Pneumonia _____
	<input type="checkbox"/> Pregnancy _____
	<input type="checkbox"/> Seizure Disorder _____
	<input type="checkbox"/> Sinus Trouble _____
	<input type="checkbox"/> Skin Problems _____
	<input type="checkbox"/> Sleep Problems _____
	<input type="checkbox"/> Stomach Trouble _____
	<input type="checkbox"/> Tuberculosis _____
Medications: yes / no _____ List all including birth control _____	
Hospitalizations / Surgeries: _____	
Immunizations (with dates) _____ Last Tetanus _____ Meningitis Vaccine*** _____ MMR _____	
Hepatitis series _____ date TB Skin Test _____ results _____ HPV (Human Papilloma Vaccine) _____	
Emergency Contact Information	
Name _____	Relationship _____
Address _____	City _____ ST _____ Zip _____
Home phone# _____	Cell Phone # _____ email _____
Family History Closest Family Member	
Asthma _____	Heart Disease _____
Diabetes _____	Cancer _____
	High Blood Pressure _____
	Tuberculosis _____
Physician's Name _____ Phone # _____	
Mailing address _____ Fax # _____	
Meningitis Vaccine Waiver Beginning with the 2007-2008 academic year, Kansas Law requires all incoming students residing in student housing to be vaccinated for meningitis. The following Verification or Waiver must be completed prior to being permitted to move into college housing. http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm	
***If you have chosen to not receive the vaccine, please complete I have chosen NOT to receive the meningococcal vaccine at this time. My signature below signified that I have received and read the material provided to me by Sterling College on the risks of meningitis. I understand that at a later date I may choose to receive the vaccine (at my own expense),	Insurance Information Provide copy also I am covered by the following health insurance pla Name on Policy _____ Name of company _____ Policy number _____ enrollment date _____
Student Signature - REQUIRED _____	
Signature of Parent or Guardian, if student is under the age of 18 _____	
I certify that the information provided on this form is correct	
Student's Signature _____	Date _____ 4/08 revised