

MEDICAL HISTORY FORM

The University of Alabama
 Student Health Center
 P.O. Box 870360
 Tuscaloosa, Al 35401
 (205) 348-6262

Important – Read Carefully
 Please answer each item carefully and accurately so as to ensure a medically meaningful document. The information is strictly confidential and should be brought to the Student Health Center on your **first visit**.
 Requirements prior to enrollment is proof of your two measles vaccinations and meningitis vaccination, as well as a current TB skin test within your last year.

CWID _____

Name (Last)	First	MI	US Citizen Yes No	Birthdate	Sex Male Female
Permanent address			City	State	Zip
Person to Notify in Emergency			Relationship		
Address of Above				City	State
				Zip	
FAMILY	AGE	SIGNIFICANT MEDICAL PROBLEMS			
Father					
Mother					
Siblings					

Do you have any drug allergies? _____
 List regular medication _____
 Have you ever received psychiatric treatment? _____
 Have you ever had a serious injury or surgery? (Please list) _____
 Have you traveled outside the United States in the last year? _____
 Have you been exposed to or had a positive test for tuberculosis? _____
 If you have any illness or medical condition that requires regular treatment or alternation of your lifestyle, please have your treating physician provide pertinent information and guidelines that will help us in providing appropriate care.

Have you had any of the following? Select “yes” or “no” to all questions about your personal medical history and briefly comment on “yes” answers in the space provided (dates, complications, etc.)

Y	N	Asthma	Y	N	Cancer
Y	N	Severe Headaches	Y	N	Other
Y	N	Hepatitis	Y	N	Diminished Hearing
Y	N	Tuberculosis	Y	N	Gastrointestinal or Colon Problems
Y	N	Diabetes	Y	N	Repeated Urinary Tract Infections
Y	N	Thyroid Disease	Y	N	Congenital Heart Problems or Heart Disease
Y	N	High Blood Pressure	Y	N	Epilepsy, Convulsions or Seizures

I certify that the information on this form is true and correct, and I have no abnormality, limitation, or restriction on this document, I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information could be sufficient grounds for dismissal from the University of Alabama. I acknowledge by my signature that have read and understand these statements. I hereby authorize the medical professionals of the Student Heath Center to treat my medical condition that appear indicated to them.

Signature

Date Signed