

Lincoln College Health History Form

300 Keokuk Street, Lincoln, IL 62656 Phone: (217) 735-7340 Fax: (217) 735-5214

||||||| THIS IS NOT A PHYSICAL FORM |||||||

Section A

Name—Last	First	Middle	Maiden	ID Number		
Date of Birth (MM/DD/YY)	Age	Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		Citizenship (specify) <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Gender	Date Entering LC (MM/YY)
Home Address				Cell Phone ()		
City/State/Zip				Home Phone ()		

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone (Home) _____ (Work) _____

Cell Phone _____ Pager _____

Section B

Drug/Medication Allergies: (write NONE if none)	Other Allergies: (write NONE if none)	Routine Medications Taken: (write NONE if none)

Have you had any of the following? Check those that apply.

Asthma		Hepatitis A, B, or C		Visual Problem (other than glasses)	
Bleeding/Blood Disorder		High Blood Pressure		Alcohol Use: #times per week: _____ amount per session: _____	
Cancer/Tumor/Cyst		High Cholesterol		Recreational Drug Use	
Chicken Pox		Kidney/Urinary Tract Problem		Tobacco Use	
Counseling/Mental Health Treatment		Malaria		Exercise: #times per week	
Depression		Recent Weight Change		Operations/Dates	
Diabetes		Recurrent Ear Infections		Chronic Health Problems:	
Digestive Tract Problems		Recurrent Headaches		Alternative Medicine Practices:	
Eating Disorder		Rheumatic Fever			
Gynecology Problems)		Scarlet Fever			
Hay Fever		Seizure Disorder			
Head Injury with Unconsciousness		Sexually Transmitted Disease			
Hearing Loss		Spinal Cord Disruption			
Heart Problem/Murmur		Thyroid Problem			
Other concerns/Issues		Tuberculosis			

Section C

Student Verification and Authorization

I certify that the above information is complete and correct to the best of my knowledge. I authorize Lincoln College Health Service to give me reasonable and proper medical care by today's standards.

Signature of Student _____ Date _____