## Have you ever had or do you have now a problem with:

Classification: Fr/ Soph/ Jr/ Sr/ Employee/ Other

I will enter MSSU:

Semester/year

Name of Nearest Relative: Relationship:

Address of Nearest Relative: Telephone: Street City State Zip

Family or Primary Physician: Address: Phone numbers where parents can be reached in an emergency:

Race:

Marital Status: Single /Married/ Widowed/ Divorced

Name: Sex: M F Age: Date of *Birth: I I\_*

Last First Middle

Local Address: Telephone:

Street City State Zip

Alcohol Drug Abuse Joint Disease/Injury

Anemia Ear Trouble /Hearing Loss Measles, Red

Arthritis Eating Disorder Migraine Headaches Sickle Cell Trait/Anemia

Asthma Eye Disease/Problems Mononucleosis, Infectious Sinus Trouble

Back Problems Gallbladder Trouble Mumps Skin Problems (Chronic)

Cancer Hay Fever (Recurrent) \_Paralysis Sleep Problems

Chicken Pox Head Injury Pneumonia Smoking (How long?)

Colitis Headache (Recurrent) Polio \_Suicide Attempt

Convulsions/Seizures Heart Disease/Problem \_Psychological Counseling Surgery

Cough (Chronic)

Depression

Hepatitis/Jaundice Rheumatic Fever Thyroid Disease

Hernia /Rupture Rubella (3 Day Measles) Tuberculosis

Diabetes High Blood Pressure Scarlet Fever Urinary Tract Infection

Disability/Handicapped \_\_ intestinal/stomach Trouble Sexually Transmitted Disease (STD Other

If none of the above applies, check here:

Describe answers above with dates: If none of the above applies, check here:

Describe answers above with dates: \_

**List Drug Allergies:**

If not known, check here

**Date of last Physical Exam:**

Height: Weight:

**While at MSSU will you need Allergy?**

**Shots?**

(If “yes” bring written instructions from your physician)

**List Current Medications:**

\_

\_

\_

\_

\_

\_

\_

# Please attach a copy of your Immunization Record!

**Proof of MMRII is REQUIRED! Date of MMRII (If already rec'd)**

**MMRII is available at the MSSU Health Center free of charge.**

**STUDENTS LIVING IN RESIDENCE HALLS ARE REQUIRED, BY LAW, TO HAVE A MENINGITIS VACCINE, OR SIGN A WAIVER REFUSING IT!**

Meningitis is an infection that is rapidly progressive and may be mistaken for Influenza.

It can progress from flu-like symptoms to death within 24 to 48 hours. College freshmen living in residence halls are at a 6-fold higher risk for meningitis compared with other college students. (See the attached waiver for more information)

**The Meningitis vaccine is available at the MSSU Health Center at cost.**

**TO PARENTS OF STUDENTS UNDER AGE 18:** I hereby grant permission to the medical staff of the MSSU Health Center to carry out necessary medical treatment of the above patient.

Signature of Parent/Guardian Date

BILLING POLICY:

While office visits are free, some services have fees. Students may pay charges at the time of service, or can be billed by Student Accounts, payable within 30 days. FACULTY/STAFF CHARGES ARE DUE AT THE TIME OF SERVICE!

Name (print),

Last First Middle Social Security Number Date

Family History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relation | Age | State of Health | Age at Death | Cause of Death |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| Sisters |  |  |  |  |
| Brothers |  |  |  |  |

## Has any relative (father, mother, sister, brother, or grandparents) suffered from the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | NO | Relationship |
| Arthritis |  |  |  |
| Asthma |  |  |  |
| Cancer (what type?) |  |  |  |
| Diabetes |  |  |  |
| Epilepsy/Seizures |  |  |  |
| Heart Attack (before age of 50) |  |  |  |
| High Blood Fat Levels |  |  |  |
| High Blood Pressure |  |  |  |
| Kidney Disease |  |  |  |
| Mental Disease / Disorder |  |  |  |
| Migraine Headaches |  |  |  |
| Sickle Cell Trait/ Disease |  |  |  |
| Stomach/ Colon Problems |  |  |  |
| Thyroid Disease |  |  |  |
| Tuberculosis |  |  |  |
| Other |  |  |  |

Any other information which could be helpful in your care at MSSU Health Center?

For Females Only:

Age of first menstrual period: How many pregnancies?

Menstrual irregularities? Yes/No

## I hereby certify that the above history is complete to the best of my knowledge.

Name Date Social Security Number