

## Medical History Form

This information is confidential and will be used as an aid in providing necessary health care while you are a student. Please fill out the form in its entirety. Use “N/A” when applicable.

It is your responsibility to upload this document to your CastleBranch account, <https://login.castlebranch.com/login>. If you are in the Associate of Arts program, please give the form to your Admissions Counselor.

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First Name                      Middle Name                      Last/Family Name                      Previous Names (if applicable)

**Personal Health History:** Please indicate which diseases or problems you currently have or have had in the past and explain “yes” answers on the lines below.

Childhood Diseases	YES	NO	Chronic or Continuing Problems	YES	NO	Chronic or Continuing Problems Cont.	YES	NO
Measles (Regular, Hard, Red)			Anemia			Hemophilia		
Rubella (3 day)			Anxiety			Hepatitis B		
Chicken Pox			Arthritis			Hepatitis C		
Mumps			Asthma			High Blood Pressure		
			Chronic Back Problem			Frequent Indigestion		
<b>Acute Diseases</b>			Cancer			Kidney/Bladder Problems		
Hepatitis A			Chronic Cough			Malaria		
Infectious MoNonucleosis			Colitis/Colon Problems			Mental Disorders		
Pleurisy			Convulsions or Seizures			Sinusitis		
Pneumonia			Depression			Tuberculosis		
Poliomyelitis			Diabetes			Drug Allergies		
Repeated bouts Strep Throat			Diminished Hearing			Other Allergies		
Other (List Below)			Dizziness/Fainting			Other (explain below)		
			Excessive Drinking or Drug Use					
			Headaches					
			Heart Disease					
			Congenital Heart Problems					

**Please explain all “Yes” answers, any surgeries, allergies, and any serious injuries (broken bones, etc.):**

**Current Medications:**

I do hereby consent, authorize, and request health services personnel and any physician or medical representative to whom referral is made to conduct treatment which may deem advisable in the event should I require medical care while a student at Southeast Missouri Hospital College of Nursing and Health Sciences.

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Legal Signature

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Date