Health Information

THIS INFORMATION IS BEING COLLECTED TO BETTER ASSIST US IN HELPING YOU IN CASE OF AN EMERGENCY. PLEASE SEND THIS BACK TO HOUSING OR TURN IT IN AT MOVE-IN. WE WILL NEED TO RECEIVE THIS BEFORE YOU WILL BE GIVEN ACCESS TO YOUR ROOM.

STUDENT'S NAME _____ STUDENT ID# _____

PERMANENT ADDRESS _____ HOME PHONE _____

LOCAL ADDRESS _____ CELL PHONE _____

EMERGENCY CONTACT PERSON _____ RELATIONSHIP TO YOU _____ HOME TELEPHONE _____

ADDRESS _____ CELL PHONE _____ WORK TELEPHONE _____

HAVE YOU EVER BEEN VACCINATED FOR THE FOLLOWING?
Please note: CCS does not require, but recommends, vaccinations. This information is for medical personnel if needed.

Measles, Mumps, and Rubella	YES	NO	DATE:	Meningococcal Meningitis	YES	NO	DATE:
Polio	YES	NO	DATE:	Tuberculosis (TB) Screening	YES	NO	DATE:
Tetanus	YES	NO	DATE:	Varicella (Chicken Pox)	YES	NO	DATE:
Hepatitis B (3 doses)	YES	NO	DATE:	Human Papillomavirus (female)	YES	NO	DATE:

MEDICATIONS YOU ARE CURRENTLY TAKING INCLUDING NON PRESCRIPTION DRUGS: _____

DRUG ALLERGIES: _____

OTHER ALLERGIES: _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	Yes	Date
Tuberculosis		
Diabetes		
Heart Disease		
Kidney Disease		
Stomach / Intestinal		
Arthritis		
Epilepsy		
Thyroid Condition		
Heart Palpitations		
High / Low Blood Pressure		
Rheumatic Fever		
Heart Murmur		
Disease/Injury of Joints		
Back Problems		
Liver Disease		
Cancer/Tumors/Cysts (please specify)		
Gallbladder/Gallstones		
Blood/Clotting Disorder		
Hernia Repair		
Appendectomy		

	Yes	Date
Tonsillectomy		
Chronic Sinusitis		
Eye Trouble (not vision correction)		
Vision Corrective Lens		
Ear/Nose/Throat (explain)		
Hearing Trouble (explain)		
Measles		
German Measles		
Mumps		
Chicken Pox		
Malaria		
Pneumonia		
Dizziness/Fainting		
Recurrent Headaches		
Head Injury		
Shortness of Breath (not asthma)		
Asthma		
Other Physical Concerns		

	Yes	Date
Weakness/Paralysis (explain)		
Surgery (specify)		
ADD/ADHD		
Insomnia		
Frequent Anxiety		
Frequent Depression		
Bi-Polar Disorder		
Psychotic Episodes		
Schizophrenia		
Self-injurous Behaviors		
Suicidal Thoughts		
Mental Health Counseling		
Alcoholism/Chemical Dependency		
Other Mental (specify)		
Severe Cramps (female)		
Irregular Periods (female)		