

# MEDICAL HISTORY

PLEASE PRINT IN BLACK INK

			M F		
NAME: LAST	FIRST	MIDDLE	GENDER	DATE OF BIRTH	SOCIAL SECURITY NUMBER*
<i>PERMANENT</i> ADDRESS: STREET		CITY	STATE	ZIP CODE	RELATIONSHIP
HOME PHONE:		CELL PHONE:		WORK PHONE:	
E-MAIL ADDRESS:		OTHER CONTACT INFORMATION:			

PREVIOUS COLLEGE ENROLLMENT? NO \_\_\_\_\_ YES \_\_\_\_\_ WHERE \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	ADDRESS	
HOME PHONE:	WORK PHONE:	CELL PHONE:	OTHER

The following health history is confidential, does not affect your admission status and, except in an emergency situation or by court order, will not be released without your written permission. As needed, attach additional sheets for fuller explanations.

## ALLERGY INFORMATION

Any allergy injection therapy? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

Allergy—specify name of med, food, insect, etc	Yes	No	Explanation of type of reaction, age, and if experience has occurred more than once
Medication:			
Medication:			
Medication:			
Food:			
Food:			
Insect :			
Insect:			
Contact:			
Other:			

DO YOU REQUIRE AN EPI-PEN FOR ALLERGIC REACTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, YOU ARE REQUIRED TO BRING TWO (2) EPI-PENS TO CAMPUS. IF ATHLETE, MUST BRING ADDITIONAL (3<sup>RD</sup>) EPI-PEN TO ATHLETIC TRAINING STAFF.

DATE OF LAST TETANUS INJECTION: \_\_\_\_\_ (MUST BE WITHIN LAST 10 YEARS)

provision of the social security number is voluntary, and is requested solely for administrative convenience and record-keeping accuracy.

HAVE YOU EVER HAD (OR USE), OR DO YOU NOW HAVE (OR USE):  
 (CHECK TO RIGHT OF EACH ITEM, AND IF YES, INDICATE YEARS OF OCCURRENCE)

Condition	Yes	No	Years	Comments— please add comments, as needed
Chest pain with or after exertion				
Elevated blood pressure				
Dizziness with or after exercise				
Racing heart				
Irregular heart rhythm				
Heart murmur				
Fainting				
Anemia				
Asthma				Athletes: if on inhaler, bring one for trainer
Shortness of breath				
Pneumonia				
Seasonal allergies				
Sinusitis				
Strep throat				
Arthritis				
Neck injury				
Shoulder injury				
Elbow injury				
Wrist injury				
Back injury				
Hip injury				
Knee injury (specify type of knee injury)				
Shin injury				
Ankle injury				
Surgery related to above				
Rehab related to above				
Depression				
Anxiety				
Bi polar disorder				
Learning disability				
Female: irregular periods				
Female: painful periods				
Female: have you had a pelvic exam				
Male: testicular problem (testes)				
Urinary tract infection(kidney/bladder)				
Other urinary tract problems				
Headaches/migraines				
Concussion				List how many and dates of occurrence
Seizures/epilepsy				
Gall bladder disease				
Ulcers				
Severe abdominal pain/hernia				
Irritable bowel syndrome				
Chronic problems with constipation				
Chronic problems with diarrhea				
Weight problem: or recent gain/loss				
Heat exhaustion or intolerance				
Use of cigarettes, chewing tobacco				
Use of marijuana				
Use of alcohol				
Use of recreational drugs				
Use of steroids				
Use of vitamins, supplements, creatine				
Use of weight loss meds, incl. laxatives				
ADD/ADHD				

Student Name \_\_\_\_\_ date \_\_\_\_\_

Condition	Yes	No	Dates	Comments
Anorexia or self-induced vomiting				
Bulimia				
Diabetes				
Chronic fatigue syndrome				
Fibromyalgia				
Sexually transmitted disease				
Cancer				
Thyroid disease				
Medically prescribed diet or fad diet				
Dental plates or orthodontics				
Tuberculosis				
Malaria				
other				

Have you ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_ Specify and include dates: \_\_\_\_\_

Have you ever had surgery other than that listed above? Yes \_\_\_\_\_ No \_\_\_\_\_ Specify and include dates: \_\_\_\_\_

Do you have any other medical/mental health concerns you wish to specify? \_\_\_\_\_

Do you desire consultation through the Counseling Center of Montreat College? yes \_\_\_\_\_ No \_\_\_\_\_

What kind of swimmer are you? Non-swimmer \_\_\_\_\_ weak \_\_\_\_\_ average \_\_\_\_\_ good \_\_\_\_\_ very strong \_\_\_\_\_

Do you exercise three or more times per week? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use a seatbelt on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Current medications (prescription or non-prescription)			
Name of med/vitamin, birth control pill, etc	Dosage	How long have you been on the medication?	Used for:

STATEMENT BY STUDENT OR PARENT/GUARDIAN (IF STUDENT IS UNDER AGE 18):

I have personally supplied (reviewed) the above information on all three pages of this history and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless by Court Order. However, if I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to Montreat College to release information from my (son/daughter's) medical record to a physician, hospital, or other medical agency involved in providing me (him/her) with emergency treatment and/or medical care.

I authorize copies of this medical record to be released to the athletic, physical education, and outdoor education departments, in accordance with requirements from those departments.

I hereby authorize any medical treatment for myself (my son/daughter) that may be advised or recommended by a licensed medical practitioner.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian, if student under age 18

\_\_\_\_\_  
Date

**MENINGITIS ON CAMPUS**  
**Know Your Risk**  
**Learn About Vaccination**

Certain college students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. College freshmen, particularly those living in dormitories or residence halls, are at a modestly increased risk for meningococcal disease compared with persons the same age that are not attending college.

**What is meningococcal meningitis?** Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

**How is it spread?** Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

**What are the symptoms?** Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.

**Who is at risk?** Certain college students, particularly freshmen who live in dormitories or residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates can also consider vaccination to reduce their risk for the disease.

**Can meningitis be prevented?** Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

**For more information:** Visit the website of the Centers for Disease Control and Prevention (CDC) at: [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo) or at [www.cdc.gov/nip/publications/ACIP-list.htm](http://www.cdc.gov/nip/publications/ACIP-list.htm). Or visit the website of the American College Health Association, [www.acha.org](http://www.acha.org). To obtain the vaccination, either contact your personal physician or health department, OR call **Asheville Infectious Disease Consultants** in Asheville, North Carolina at (828) 258-9635.

**Please complete the following:**

*I have had the meningococcal vaccination.*      *Signature:* \_\_\_\_\_

*I have NOT had the meningococcal vaccination.*      *Signature:* \_\_\_\_\_

**If under age 18, parent/guardian signature:** \_\_\_\_\_