

CONFIDENTIAL MEDICAL HISTORY

COLLEGE OF DUPAGE HEALTH SERVICES
425 FAWELL BLVD., GLEN ELLYN, ILLINOIS 60137
630-942-2154 tel / 630-942-2071 fax

To be completed by student

Please Print

Name _____
Last First Middle

Allied Health Program _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____ Zip _____ Phone _____

Person to notify in an emergency _____ Phone _____

Relationship _____

Medications you are currently taking: _____

Have you had these diseases?

Do you presently have:

Rubella	Yes	No
Rubeola	Yes	No
Epilepsy	Yes	No
Hepatitis	Yes	No

Asthma	Yes	No
Heart Disease	Yes	No
Colitis	Yes	No
Diabetes	Yes	No

Are you aware of health risk issues? (i.e. smoking, drinking, drug use, safe sex): Yes No

Do you want to discuss the above health risks with the Doctor? Yes No

Females: Do you receive yearly PAP/Breast exam? Yes No

Are there any other conditions of which Health Service should be aware? If yes explain _____

Can you perform all the functions required of a student assigned to a participating health care setting at an affiliating institution with or without accommodation? Yes No

If you require accommodation, please explain:

When was your last:

Physical examination _____ Tetanus Booster _____ Chest X-ray or TB skin test _____

I am aware of the physical requirements of my professional program and certify that the above medical history is current and accurate. I further understand that any false answer or statements made by me in this application, or any supplement thereto, will be grounds for immediate dismissal from classes/program.

Name _____ Date _____