

# Christendom College Personal Health History

This information is strictly confidential

Name: \_\_\_\_\_ SSN \_\_\_\_\_

first middle last

Date of birth \_\_\_\_\_ Name you like to be called \_\_\_\_\_

Home address \_\_\_\_\_ phone # \_\_\_\_\_

Date of most recent physical exam \_\_\_\_\_

Date of most recent tetanus shot \_\_\_\_\_

Are you allergic to any medicine? \_\_\_\_\_

Name of medication \_\_\_\_\_

Are you taking any medicine now? \_\_\_\_\_

Name of medication \_\_\_\_\_

Do you have any current medical problems/chronic illness? \_\_\_\_\_

Please specify \_\_\_\_\_

Are you allergic to any foods? \_\_\_\_\_

Please specify \_\_\_\_\_

Has your doctor ordered that you be on a special diet? \_\_\_\_\_

Please specify \_\_\_\_\_

Have you been in psychiatric care/psychological counseling? \_\_\_\_\_

Please specify \_\_\_\_\_

Please list the insurance company and policy number under which you are covered

In case of an emergency, who should be notified?

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home phone #: \_\_\_\_\_ Business \_\_\_\_\_

Certification: All of the information on this form is true and complete to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Admissions Office, 134 Christendom Drive, Front Royal, VA 22630.