

ST MARY'S COLLEGE of MARYLAND

The National Public Honors College

Health Services Health Questionnaire Form

DUE DATES:

August 1st (Fall admission)

December 15th (Spring admission)

Student Legal Name: _____ Student ID# _____ Date of Birth: _____

PERSONAL HISTORY

Allergies

Do you have allergies?

☐ NO

☐ YES

Please list ALL allergies and reactions (list all medications, foods, environmental, etc.)

Current Medications

Please list all medications (prescription and over the counter), including dose:

Past Medical history

Please list ALL medical conditions, including year diagnosed and treatment:

Past Surgical History

Please list ALL surgeries and/or hospitalizations, including year:

Do you smoke cigarettes/use tobacco products?

☐ NO

☐ YES

How much per day? _____

Do you drink alcohol?

☐ NO

☐ YES

How much per week? _____

Do you exercise regularly?

☐ NO

☐ YES

How often? _____

Do you use recreational drugs?

☐ NO

☐ YES

How much per week? _____

What drugs? _____

FAMILY HISTORY

Has anyone in your immediate family or blood relatives had any of the following?

High Blood Pressure

☐ NO

☐ YES

Which Relative

Specify age and cause of death if not living

Diabetes

☐ NO

☐ YES

High Cholesterol

☐ NO

☐ YES

Stroke

☐ NO

☐ YES

Heart Attack

☐ NO

☐ YES

Cancer

☐ NO

☐ YES

Psychiatric Illness

☐ NO

☐ YES

I attest that this information is accurate to the best of my knowledge.

Signature of student: _____ Date: _____