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

Do any of your blood relatives (parents and/or siblings) have/had any of the following?

			Which Relative	Specify age and cause of death if not living
High Blood Pressure	☐NO	☐YES	_____	_____
Diabetes	☐NO	☐YES	_____	_____
High Cholesterol	☐NO	☐YES	_____	_____
Stroke	☐NO	☐YES	_____	_____
Heart Attack	☐NO	☐YES	_____	_____
Cancer	☐NO	☐YES	_____	_____
Psychiatric Illness	☐NO	☐YES	_____	_____
Are you adopted?	☐NO	☐YES		

Signature of student: _____ Date: _____