



**Barton County Community College
Student Health Services
Student Health History**

****CONFIDENTIALITY NOTICE***The information contained on this health record is confidential and is intended strictly for use at Barton County Student Health Services. It will not be released without the knowledge and/or written consent of the student.

PLEASE PRINT

1 NAME	
BIRTHDATE	PHONE
2 EMERGENCY CONTACT PERSON	
RELATIONSHIP	PHONE
3 ALLERGY INFORMATION (INCLUDE MEDS, FOODS-peanuts, etc.)	
Drug allergies	
Other	

4 MEDICAL HISTORY (Do you have a present or past history of: check all that apply)			
<input type="checkbox"/> ADHD	<input type="checkbox"/> Disability/handicap	<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Anemia	<input type="checkbox"/> Ear trouble --hearing loss	<input type="checkbox"/> Mono-infections	<input type="checkbox"/> Measles red
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> STD/HIV	<input type="checkbox"/> Mumps
<input type="checkbox"/> Cancer	<input type="checkbox"/> Eye disease	<input type="checkbox"/> Sickle cell anemia	<input type="checkbox"/> Polio
<input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> Headaches recurrent/migraine	<input type="checkbox"/> Sinus problems	<input type="checkbox"/> Rubella 3day
<input type="checkbox"/> Cough --chronic	<input type="checkbox"/> Heart disease/problems	<input type="checkbox"/> Skin problems-eczema	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Depression	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Urinary tract problems	<input type="checkbox"/> Whooping cough
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Intestinal/stomach problems	<input type="checkbox"/> Other	
<input type="checkbox"/> Joint disease or injury	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Smoke/chew

BRIEFLY EXPLAIN ANY MARKED ON ABOVE MEDICAL HISTORY:

5 <u>MEDICATIONS</u> : include prescription, birth control, over the counter, herbal

6 <u>HOSPITALIZATIONS/SURGERIES</u> :

INSURANCE INFORMATION---
Parents are encouraged to provide a copy of insurance card to their student to carry with them OR send copies to this office. Should a student need care beyond the scope of the campus health services, the student will be responsible for the bill. Attempts will be made to aid the student to access affordable, quality health care

I have reviewed the information on this form and verify to best of my knowledge it is true and accurate. I give authorization to administer medical services, procedures, and/or immunizations as deemed necessary.

X _____ / _____
 Signature of student (or responsible party if under 18 years of age) Date