

# Wartburg Student Health History Form

TO BE COMPLETED BY THE STUDENT

Noah Campus Health Clinic  
100 Wartburg Blvd.  
Waverly, IA 50677

Phone: 319-352-8436  
Fax: 319-352-8566  
E-mail: health@wartburg.edu

Last Name	First Name	Middle	Gender Male    Female
Student Email Address	Student Cell Phone	Parent Cell Phone	Parent Work Phone
Parent Names (emergency contact)			Parent Home Phone
Allergy to Medication(s)		Allergy to Food or environmental allergens:	
Medications you are taking (please include both prescription and non-prescription medications):  1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____			
Medical, emotional, or health conditions you wish the college to be aware of: (asthma, epilepsy, depression, ect.)			

## Student Health History

The information on the Student Health History and Physical Examination forms is legally privileged and confidential and is intended for the use of Wartburg College and the Noah Campus Health Clinic.

Medical or Health Concerns (please check any that apply to you and explain below)

Abnormal Bleeding	Diabetes	Heat stroke/Sun stroke	Seizures
Anemia	Disability	Hernia	Sickle Cell Trait
Anxiety	Ear Trouble/Hearing Loss	High Blood Pressure	Single Organ
Arthritis	Eating disorders	High cholesterol	Sinus Trouble
Asthma	Eye trouble/visual loss	Intestinal/Stomach Trouble	Spleen (surgical removal)
ADD/ADHD	Fractures (including stress)	Joint injury (sprain/dislocation)	Syncope/Fainting
Cancer	Genetic disorder	Kidney Disease	Thyroid disease
Chest Pain	Headaches (recurrent)	Mononucleosis	Tobacco use
Chicken Pox	Heart Murmur	Orthopedic problem (chronic)	Tuberculosis
Concussion/Head Injury	Heart Problems (other)	Rheumatic fever	Undescended testicle
Depression	Hepatitis	Scoliosis	Other:
Explanation(s):			
Have you ever been hospitalized or had any serious illness or injury? Y N (if yes, please explain)			
Have you ever had surgery? Y N (if yes, please explain)			
Have you ever received or are you now receiving treatment or counseling for mental health reasons or alcohol/drug problems? Y N (if yes, please explain)			

## Family Health History

medical/emotional condition (alive/ deceased)

Father:
Mother:
Siblings: