

# Wartburg Student Health History Form

TO BE COMPLETED BY THE STUDENT

Student Life Office  
100 Wartburg Blvd  
Waverly, IA 50677

Phone: 319-352-8260  
Fax: 319-352-8365  
Email: counseling@wartburg.edu

Last Name	First Name	Middle Initial	Sex: Male Female Trans _____ Gender: Male Female Non-Binary _____	
Student Email Address	Student Cell Phone	Parent/Guardian Name		Parent/Guardian Cell Phone
Emergency Contact Name	Relationship	Cell Phone	Home Phone	
Allergies (to medication and environment):				
Medications you are taking (please include both prescription and non-prescription): 1) _____ 2) _____ 3) _____ 4) _____				
Medical, emotional, or health conditions you wish the college to be aware of: (asthma, epilepsy, depression, etc.)				

## 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 Noah Campus Health Clinic

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 Disorder	High Cholesterol	Sinus Trouble
Asthma	Eye Trouble/Visual Loss	Intestinal/Stomach Trouble	Spleen (surgical removal)
ADD/ADHD	Fractures (including stress)	Joint Injury	Syncope/Fainting
Cancer	Genetic Disorder	Kidney Disease	Thyroid Disease
Chest Pain	Headaches (recurrent)	Mononucleosis	Tobacco Use
Chicken Pox	Heart Murmur	Orthopedic Problem	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 injury? Y N (please explain)			
Have you ever had surgery? Y N (please explain)			
Have you ever received, or are you now receiving, treatment or counseling for mental health reasons or alcohol/drug problem? Y N (please explain)			

## Family Health History

Medical/Emotional Condition (alive/deceased)

Father:
Mother
Siblings: