

COCHISE COLLEGE STUDENT HEALTH RECORD



**COCHISE COLLEGE
STUDENT HEALTH CENTER**
4190 W. Highway 80
Douglas, Arizona 85607-9724
(520) 364-7943

MEDICAL HISTORY - PART 1

All residence hall, aviation and nursing students are required to complete part 1.

All athletes and international students must complete part 2.

PLEASE PRINT:

Name _____		Social Security # _____ / ____ / ____	
Last	First	Middle	
Present Address _____		State _____ Zip Code _____	
Street/Box	City		
Permanent Address _____		State _____ Zip Code _____	
Street/Box	City		
Telephone () _____	Marital Status <input type="checkbox"/> M <input type="checkbox"/> S	Sex _____	Birth Date _____
Person to notify in case of emergency _____			
Address _____		Phone _____	
Street/Box	City	State	Zip Code
Medical Insurance _____		Policy # _____	
Name of Company	Address		
PERMISSION TO TREAT MINOR: Parent or legal guardian: You must complete the following if the student is not yet 18 years old.		Student's Name _____	
I give all practioners at the Student Health Center of Cochise College my permission to treat the student named at right.		Signature of Parent or Legal Guardian _____	
		Date _____	

1. List any restriction of physical activity ever recommended for you. _____
2. Are you now under any medical treatment? _____ If yes, explain _____
3. List any medicines you take regularly or occasionally _____
4. Have you ever had any abnormal reaction to any drugs or serums? _____ Which ones? _____
5. Have you ever had a chest X-Ray which showed any abnormality? _____ If yes, give date and findings _____
6. What injuries have you had? (dates included) _____
7. What operations have you had? (give dates) _____
8. Is your general health Good Fair Poor
9. Have you ever been immunized for tetanus? If so, please give date of last immunization _____
10. Name of your family physician _____
Address _____ City _____ State _____ Zip _____ Telephone () _____

CHECK ALL OF THE FOLLOWING WHICH APPLY NOW OR IN THE PAST:

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Stomach, Liver or Rectal |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Intestinal Trouble |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Overweight | <input type="checkbox"/> Paralysis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Underweight | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ever been knocked out | <input type="checkbox"/> Any other disease? |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Thyroid Trouble | <input type="checkbox"/> Nervousness | |
| <input type="checkbox"/> Infectious mononucleosis | <input type="checkbox"/> Epilepsy or Convulsions | <input type="checkbox"/> Tendency to bleed easily | <input type="checkbox"/> Emotional Problems | |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Swollen or painful joints | |

The following immunizations are required. If dates are not available, re-immunization will be necessary before registration for classes.
Measles _____ Date _____ Rubella _____ Date _____

All information on this form will be kept confidential and will be released only upon written permission. Cochise College reserves the right to request additional information if deemed necessary. The records must be on file at the health center before registration.

DATE _____
revised 5/98

APPLICANT'S SIGNATURE _____