

Student Health History Form

UTSA Student Health Services
1604 Campus
One UTSA Circle, RWC 1.500
San Antonio, TX 78249-0684
Phone: (210) 458-4142
Fax: (210) 458-4151

University Health & Counseling
UTSA Downtown Campus
501 West Durango Blvd., BV 1.308
San Antonio, TX 78207-4415
Phone: (210) 458-2930
Fax: (210) 458-2935

PLEASE PRINT – USE INK

NAME _____ UTSA ID # _____

LAST FIRST MIDDLE MAIDEN CITY STATE ZIP CODE

LOCAL ADDRESS _____ HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ D.O.B. / / AGE GENDER _____

EMERGENCY (LOCAL) CONTACT (FRIEND OR RELATIVE) _____

NAME PHONE RELATIONSHIP

(IF NO EMERGENCY CONTACT PROVIDED, AN AMBULANCE WILL BE CALLED IN CASE OF EMERGENCY)

MEDICAL INSURANCE _____

SUPPLY IMMUNIZATION DATES BY COPY OF VALID SHOT RECORD OR DATES OF DISEASE FOR:

MMR#1 _____ MMR#2 _____ MEASLES _____ MUMPS _____ RUBELLA _____

TETANUS/DIPHTHERIA _____ MENINGOCOCCAL MENINGITIS _____ POLIO _____ VARICELLA _____

HEPATITIS A#1 _____ #2 _____ HEPATITIS B#1 _____ #2 _____ #3 _____

T.B. TEST RESULTS _____ HEALTH PROVIDER'S SIGNATURE _____

All international students are required to have a T.B. skin test or chest x-ray performed within 90 days prior to registration, by a physician licensed to practice in the U.S.A.

FAMILY HISTORY (Parents, Siblings, Grandparents) Check where applicable

- | | | | | |
|-------------------------------------|---|--|---|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Migraines | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Convulsions | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Sudden Death | |

PERSONAL HISTORY check where applicable

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Depression | <input type="checkbox"/> Headache | <input type="checkbox"/> Rheumatoid Disease |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seasonal Allergies |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Abnormalities | <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Hypertension/
High Blood Pressure | <input type="checkbox"/> Sexually Transmitted Infections |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Chronic Kidney
Disease | <input type="checkbox"/> Emotional | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Congenital
Infection | <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Bladder/Kidney | <input type="checkbox"/> Anomaly | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Migraines | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Constipation | <input type="checkbox"/> Gastrointestinal
Problems | <input type="checkbox"/> Obesity | |

Are you under treatment for any medical/emotional condition? (describe) _____

Past surgeries (describe) _____

Past serious illness/injury (describe) _____

Is there loss of or serious impaired function of any organ? (describe) _____

ALLERGIES check where applicable

- | | | |
|---|---|---|
| <input type="checkbox"/> No Known Allergies | <input type="checkbox"/> Sulfa | <input type="checkbox"/> Insect |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Name of Other Drug _____ | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Food | |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Animal | |

MEDICATIONS Currently being used: check where applicable

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Herbal _____ |
| <input type="checkbox"/> Over the Counter _____ | <input type="checkbox"/> Prescriptions _____ |
| <input type="checkbox"/> Oral Contraceptives _____ | <input type="checkbox"/> Illicit Drugs _____ |
| <input type="checkbox"/> Vitamins _____ | <input type="checkbox"/> Other _____ |

STUDENT PERMISSION FOR EVALUATIONS AND MEDICAL PROCEDURE

I understand that the person who will initially see me is a registered nurse and not a physician. I give my permission for this health professional to assess my health status by means of a history, physical and/or baseline laboratory tests as directed by the consulting physician for the University of Texas @ San Antonio (UTSA) Student Health Services. Permission is hereby granted to the Student Health Services at UTSA and any duly licensed physician or dentist to perform medical and surgical services, including physician ordered injections, as approved by the student. In case of emergency or when the student is unconscious, the Student Health Services is authorized and requested to refer the student to a duly licensed physician, dentist or hospital, with transportation by an ambulance. Such physician is authorized to administer such treatment or surgery as appears prudent under the circumstances then existing. When it is necessary to refer a student for further medical care, the student is responsible for all expenses incurred. There is a charge for all pharmacy and laboratory services.

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

HAVE YOUR PARENT OR GUARDIAN SIGN HERE IF YOU ARE 17 YEARS OR YOUNGER

SIGNATURE OF STUDENT

DATE

HEALTH SERVICES USE ONLY Date received: _____

Reviewed By: _____