MEDICAL HISTORY FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

You may complete this Medical History Form without a physician.

Name

Address City State ZIP

Marital Status ☐ Single ☐ Married Age Gender ☐ Male ☐ Female

Date of Birth MM/DD/YYYY Occupation ☐ Part-Time Student ☐ Full-Time Student

Do you intend to live in the residence halls? ☐ Yes ☐ No ☐ Hearing ☐ Deaf

PERSONAL HISTORY (Check all that apply. If yes, give the date of the most recent symptoms.)

☐ Drug Abuse ____
☐ Diabetes ____
☐ Seizures ____
☐ Rheumatic Fever ____
☐ Arthritis ____
☐ Skin Problem ____
☐ High Blood Pressure ____
☐ Heart Disease ____
☐ Tuberculosis ____

☐ Thyroid Disease ____
☐ Anemia ____
☐ Scoliosis ____
☐ Back Injury ____
☐ Mumps/Measles ____
☐ Chicken Pox ____
☐ Venereal Disease ____
☐ Kidney Disease ____
☐ Liver Disease ____

☐ Stomach Ulcer/Gastritis ____
☐ Gallbladder Disease ____
☐ Allergies ____
☐ Pneumonia ____
☐ Asthma ____
☐ Migraine Headaches ____
☐ Previous Pregnancies ____
☐ Sexually Transmitted Disease ____ (condyloma, HIV-positive)
☐ Other ____

Do you take any medications regularly? ☐ Yes ☐ No (If yes, please list them.)

Have you had any surgeries? ☐ Yes ☐ No (If yes, please give type of surgery.)

Have you had any other injuries? ☐ Yes ☐ No (If yes, please give type of injury.)

Have you ever sought or received psychiatric/psychological counsel? ☐ Yes ☐ No (If yes, please list below.)

→ Name of Psychologist City State

→ Name of Facility City State

→ Dates of Care

Please attach a separate letter indicating the circumstances, hospitalizations, and any medications given.

IMMUNIZATIONS (Give month, day, and year.)

DPT (diphtheria, tetanus, whooping cough)

OPV (oral polio) German Measles (rubella)

Measles (rubeola) Mumps

FAMILY HISTORY (Give state of health or cause of death.)

Father Brothers

Paternal Grandparents

Mother Sisters

Maternal Grandparents

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS.

8400 Burr Street | Crown Point, IN 46307
888.374.9537 ph | 219.365.2029 fax

If you have questions, please call us or visit hylesanderson.edu.
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