Health History Form for students

Please answer each question and use capital letters!

Name: _____
Place and date of birth: _____
Mother's maiden name: _____
Address: _____
Health insurance card#: _____

The following questions must be answered truthfully and to the best of your knowledge.

1) **Do your parents, brothers or sisters have any known illnesses (for example: high blood pressure, diabetes, asthma, bleeding disorders….)**
   Mother: _____
   Father: _____
   Brothers/Sisters: _____

2) **Do you have any known allergies (food, insect stings, penicillin, hay fever, other)?**
   □Yes /specify: _____ □No

3) **Have you ever undergone a surgery?** □Yes /specify: _____ □ No
   Check the infectious diseases you have had:

Measles	□Yes □No	**Chicken pox**	□Yes □No	**Mumps**	□Yes □No
Mononucleosis	□Yes □No	**Tuberculosis**	□Yes □No	**Hepatitis**	□Yes □No

Have you ever tested positive for HIV? □Yes □No
Have you ever been treated with malaria? □Yes □No
List any other infectious diseases you have had: _____

4) **Have you ever lost consciousness:** □Yes /when, how often: _____ □No

5) **Have you ever had seizures:** □Yes /when, how often: _____ □No

6) **List chronic health concerns or illnesses you are currently treated with.**

_____

7) **Please list ALL current medications taken on a routine basis.**

□ I take no medications on a routine basis.
□ I take medications as stated below:
Med#1 _____ Dosage: _____ Reason for taking: _____
Med#2 _____ Dosage: _____ Reason for taking: _____

8) **Do you smoke?** □No □Yes, for _____ years, _____cigarettes/day

9) **Do you consume alcohol?** □Never □Seldom □Weekly □Daily

10) **Do you have a drivers' licence?** □Yes □No

11) **Have you been immunized against Hepatitis-B?** □Yes □No

I hereby certify that the information contained in the Health History Form is valid with regard to my current health status and correct to the best of my knowledge. If a change in my health status occurs, I agree to notify the Occupational Health Care Provider of the University of Pécs.

Date: _____
Signature