**Student Health Information**

Enrollment, Intercollegiate Athletes

The information on this form is important to the entering student’s college health record. This form is kept in the student’s file. The information on this form is necessary in the case of an emergency and will not hinder a student from being admitted to ABU. The completed form can be sent via mail or email.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Today’s Date: | Click or tap to enter a date. | Gender: | [ ]  M [ ]  F | Date of Birth: | Click or tap here to enter text. |

**STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click or tap here to enter text. | SSN: | Click or tap here to enter text. |
| Home Address: | Click or tap here to enter text. | Home Phone: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. | Cell Phone: | Click or tap here to enter text. |
| Sport(s) of Participation: | Click or tap here to enter text. |
| Marital Status: | [ ]  Single [ ]  Married [ ]  Divorced [ ]  Widowed |

**PARENT INFORMATION (Custodial Parent/Step-Parent/Guardian)**

|  |  |  |  |
| --- | --- | --- | --- |
| Father/Guardian’s Name: | Click or tap here to enter text. | Mother/Guardian’s Name: | Click or tap here to enter text. |
| Home Address: | Click or tap here to enter text. | Home Address: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. | City, State, Zip: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Employer: | Click or tap here to enter text. | Employer: | Click or tap here to enter text. |

**SPOUSE INFORMATION (For married, commuter students)**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | Employer: | Click or tap here to enter text. |

In case parents/spouse are unable to be notified in the event of an emergency, we need another contact person.

|  |  |
| --- | --- |
| Emergency Contact: | Click or tap here to enter text. |
| Relationship: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Family Physician: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |

**TO BE FILLED OUT BY STUDENT OR PARENT/GUARDIAN**

|  |
| --- |
| **Current Medications** |
| Drug Name | Dose and Frequency | Reason |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Allergies (Medications, Foods, environmental)** |
| Allergic To | Reaction | Treatment |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Medical History** |
|  | **Yes** | **No** |  |  | **Yes** | **No** |
| Anemia or other Blood Diseases |[ ] [ ]   | Stomach/Intestinal |[ ] [ ]
| Concussion |[ ] [ ]   | Cancer |[ ] [ ]
| Hepatitis |[ ] [ ]   | Bone/Joint Deformity |[ ] [ ]
| Missing/Non Functional internal Organs |[ ] [ ]   | Eye Disease |[ ] [ ]
| Meningitis |[ ] [ ]   | Mononucleosis |[ ] [ ]
| Rupture/Hernia |[ ] [ ]   | Kidney Problems |[ ] [ ]
| Rheumatic Fever |[ ] [ ]   |  |  |  |
| Please explain all YES answers. Attach a separate sheet if necessary. Click or tap here to enter text. |
| **Medical Illness or Problems**Click or tap here to enter text. |
| Heart Disease (hypertension, etc.) Click or tap here to enter text.Endocrine problem (thyroid, diabetes, etc.) Click or tap here to enter text.Epilepsy (seizure disorder) Click or tap here to enter text.Pulmonary problem (bronchitis, asthma, pneumonia, etc.) Click or tap here to enter text.Other Click or tap here to enter text. |
| **Mental Health Care (Psychiatric or Psychological)** |
| Eating disorder (anorexia, bulimia) Click or tap here to enter text.Depression/Anxiety/Bipolar disorder, etc. Click or tap here to enter text.Suicide Attempts Click or tap here to enter text.Alcohol/Drug treatment: Dates of treatment Click or tap here to enter text.Outpatient care: Diagnosis, Dates of treatment, Medications Click or tap here to enter text.Inpatient care: Diagnosis, Dates of treatment, Medications Click or tap here to enter text. |
| **Previous Hospitalizations/Operations** |
| Date | Reason |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |

I certify that all the above information is complete and accurate to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |