



LOMA LINDA UNIVERSITY
HEALTH

San Manuel Gateway College

Student

Name _____

Directions to Student: Fill out the Health History entirely before seeing the physician. Have the physician complete the Physical Exam. Bring both completed forms back to San Manuel Gateway College Student Services

HEALTH HISTORY (This part must be completed by the student before seeing the physician.)

Last Name _____ First Name _____ Birth date _____

Address _____ City _____

Email _____ Telephone _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Last Name _____ First Name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

LOCAL PHYSICIAN PREFERENCE

Name _____ Office Phone _____

PAST MEDICAL HISTORY AND ILLNESSES - Indicate any of the following that apply:

<ul style="list-style-type: none">· Rheumatic Fever· Heart Murmurs· High Blood Pressure· Heart Disease· Tuberculosis· Asthma/Hay Fever· Difficulty in Breathing· Pneumonia	<ul style="list-style-type: none">· Mental Illness· Epilepsy/Convulsions· Meningitis· Amputations· Athletic Injuries· Back Problems· Anemia
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<ul style="list-style-type: none"> · Diabetes · Stomach/Intestine Problems · Hernia · Thyroid Problems · Kidney Disease · Fainting · Recurring Headaches 	<ul style="list-style-type: none"> · Major Illnesses: - _____ _____ · Surgeries: _____ _____ _____
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If any items are checked above, please explain: _____

· Yes · No Do you have any physical impairment such as loss of hearing, vision, or paralysis?
 If yes, please explain: _____

· Yes · No Do you have any allergies?
 If yes, please list allergies and describe symptoms: _____

· Yes · No Do you take medication regularly?
 If yes, please list medications and describe reason: _____

General Family Health: Mother _____
 Father _____
 Siblings _____
 Grandparents _____

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT.

 Student Signature

 Date