Health History (*no physical exam required*)

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Birth Date: _____

Student ID #: _____ Term Starting Program: _____

Name of program:

_____

Have you been enrolled in another program at FVTC in the past? (circle one) Yes No
If yes, which program: _____

Do you have any allergies including latex? If yes, please list and explain.

_____

_____

_____

Do you have or have you ever had the following?

Chicken Pox: Yes: _____ No: _____ Date of disease: _____

	Yes	No		Yes	No
Back injury or problems	☐	☐	Kidney or bladder problems	☐	☐
Contusions or blackouts	☐	☐	Muscle or bone problems	☐	☐
Diabetes	☐	☐	Major surgery	☐	☐
Emotional problems	☐	☐	Recurrent severe headaches	☐	☐
Heart disease	☐	☐	Rheumatic fever	☐	☐
Hepatitis	☐	☐	Tuberculosis	☐	☐
Immune deficiency	☐	☐	Other severe illness	☐	☐

For each yes above, explain:

_____

_____

_____

revised 7/2015