CONCORDIA
UNIVERSITY IRVINE

Wellness Center | 1530 Concordia West | Irvine, CA 92612
Phone 949.214.3105 | Fax 949.214.3105

REQUIRED: Tuberculin Test (PPD-Mantoux) completed within the last 12 months. Please attach the proof of your TB test and result signed by your physician's office.

Student Health History Form

LAST NAME: FIRST NAME: MI:

STUDENT ID#: AGE: DATE OF BIRTH:

ADDRESS: CELL PHONE #:

CITY: STATE: ZIP:

EMERGENCY CONTACT & RELATIONSHIP: PHONE:

PERSONAL HISTORY

ALLERGIES: ☐ DRUGS: ☐ FOOD: ☐ BEE/OTHER:

History of injuries &/or operations *(give nature & year)*:

History of previous illness *(give year &/or status)*:

☐ APPENDICITIS ☐ EPILEPSY ☐ PNEUMONIA

☐ ASTHMA ☐ KIDNEY DISEASE ☐ RHEUMATIC FEVER

☐ CARDIAC CONDITION ☐ VARICELLA (CHICKEN POX) ☐ SEASONAL ALLERGIES

☐ DIABETES ☐ MONONUCLEOSIS ☐ TUBERCULOSIS

Have you had any other severe illness not mentioned above? If so, please explain.

Have you ever been diagnosed with an eating disorder?

Have you ever been diagnosed with psychological problems? If so, please explain.

Are you using psychoactive or addicting drugs, with or without a prescription? If so, please explain and state drug name.

FAMILY HISTORY

NAME	ALIVE	CHRONIC ILLNESSES?	DECEASED	CAUSE OF DEATH
FATHER				
MOTHER				
BROTHER(S)				
SISTER(S)				
SPOUSE				
CHILDREN				

Have any of your family or blood relatives ever had any of the following illnesses? Please give relationship.

ASTHMA:	HIGH BLOOD PRESSURE:
CANCER (TYPE):	KIDNEY DISEASE:
DIABETES:	MENTAL DISTURBANCES:
HEART DISEASE:	TUBERCULOSIS:
ANY CHRONIC ILLNESSES NOT MENTIONED?	

CONSENT FOR TREATMENT AND EXCHANGE OF HEALTH INFORMATION

In case of illness and/or injury, authority and consent is given to the university medical staff for examination and treatment of the named student either at the Concordia University Irvine (CUI) Health Center or by outside physicians and medical facilities as are available. Consent is further given for CUI medical staff to exchange medical & mental health information with CUI psychological counseling staff, as needed. It is agreed that all medical and/or hospital expenses incurred beyond those covered by an applicable student insurance policy will be paid directly and promptly by the undersigned student and parents or guardians and the university will not be held responsible.

STUDENT SIGNATURE: DATE: