



Seattle Pacific University Medical History Record

Please fill out and send in this form and your Immunization Record by **September 1!** They are required of all new students and students returning after an absence of more than one calendar year. If you do not turn in your student immunization record and your medical history record, **you will not be able to register for your second quarter of classes.**

To ensure confidentiality, these forms should be returned directly to:

Health Services, Watson Hall Seattle Pacific University 3307 Third Avenue West, Ste 110 Seattle, WA 98119-1922

You can also fax this form to: **206-281-2674**

Name _____ Birthdate _____
Last First Middle Former Name

Student ID No. _____ Former SPU Student No _____ Yes ____ When? _____

Entering: Autumn ____ Winter ____ Spring ____ Year 20 ____ Entering as: (circle one) Fr. So. Jr. Sr. PB Grad.

HISTORY OF ILLNESS

If you have had any illness listed below please enter year diagnosed by a physician:

- | | | |
|-------------------------------|-------------------------------|---------------------------------|
| ____ Allergies | ____ Lump in testicle | ____ Arthritis |
| ____ Asthma | ____ Ovarian cyst | ____ Epilepsy |
| ____ Pneumonia | ____ Lump in breast | ____ Severe/frequent headaches |
| ____ Mononucleosis | ____ Severe menstrual cramps | ____ Severe head injury |
| ____ Eye problem | ____ Irregular Periods | ____ Concussion |
| ____ Kidney Problem/Infection | ____ STI/STDs | ____ Back/Neck injury |
| ____ Hemorrhoids | ____ Heart murmur | ____ Broken bones |
| ____ Ulcer | ____ Heart trouble | ____ Paralysis |
| ____ Gall bladder trouble | ____ Diabetes | ____ Chicken Pox |
| ____ Intestinal trouble | ____ Hepatitis | ____ Rheumatic fever |
| ____ Drug dependency | ____ Hypoglycemia | ____ Tumor or cancer |
| ____ Alcoholism | ____ Anemia | ____ Hearing loss |
| ____ Anxiety | ____ Other blood problem | ____ Blind left or right eye |
| ____ Depression | ____ Thyroid under/overactive | ____ Loss of body part/function |
| ____ Other Mental Illness | ____ Hernia | ____ Chickpox/Varicella |

Other serious illness or injury not listed: _____

If you are currently receiving treatment for any of the problems you have noted above, please give details: _____

Have you ever had an operation or been hospitalized for any other reason? Yes ____ No ____
If yes, please give age and reason. _____

Medications:
List current prescription medications and dosages (include daily and as needed medications): _____



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List current over-the-counter medications and dosages (include vitamins, supplements, and herbs): _____

Have you ever had an allergic reaction to a medication? Please list and explain type of reaction (e.g. rash, hives, anaphylaxis) _____

Do you have any environmental or food allergies (including bee stings)? Please list and explain type of reaction _____

Significant family (blood relative) medical history _____

Are parents or brothers and sisters living and well? Yes _____ No _____
If "No", give relationship and cause of death: _____

TB Screening:

Date of last Tuberculin (Tb) Test or chest x-ray: _____
Have you ever had Bacille Calmette Guerin (BCG)? Yes _____ No _____ Date(s): _____
Have you ever had a positive Tuberculin Test? Yes _____ No _____ Date: _____
Were you given Isoniazide medication? Yes _____ No _____ Date _____

HEALTH HABITS

Your current height: _____ and weight: _____
Do you eat regular meals? Yes _____ No _____
Are you on a restricted diet prescribed by a physician? Yes _____ No _____
If so, what diet? _____
Do you smoke, vape, chew? Yes _____ No _____ If so, how much? _____
Do you drink alcohol? Yes _____ No _____ If so, how much? _____

EMOTIONAL

I often feel sad, guilty or hopeless about the future. Yes _____ No _____
I have previously been diagnosed with anxiety, depression, eating disorder or other emotional illness. Yes _____ No _____

If yes, please give brief _____



Do you have a medical condition that could result in an emergency? To enter your information, log in to Banner (spu.edu/banner). Once there, choose the Personal Menu and then Emergency Contact Information.

I understand the hold on registration will not be removed until 1) the medical history record is turned in, 2) The Student immunization record is complete with signatures or attached documentation.

Student Signature Date

Parent or Guardian Signature (if student under 18) Date