



RETURN TO:
 Health Services
 Haverford College
 370 Lancaster Avenue
 Haverford, PA 19041-1392
 610-896-1089
 FAX: 610-896-1090

CONFIDENTIAL HEALTH RECORD

DEADLINE: JULY 21

NAME _____ D.O.B. _____ SEX _____

PERMANENT HOME ADDRESS _____ EMAIL _____

IN CASE OF EMERGENCY NOTIFY _____

HEALTH INSURANCE CO. _____ POLICY # _____ GRP # _____
(name) (phone) (relationship)

FAMILY PHYSICIAN _____
(name) (address) (phone)

ALLERGIES/DRUG, OTHER

- 1 No known allergies
- 2 Aspirin
- 3 Penicillin
- 4 Codeine
- 5 Sulfa
- 6 Latex
- 7 Insect
- 8 Animal
- 9 Food
- 10 Other (please specify) _____

DISABILITY

- NONE
 Do you have an impairment that substantially limits a major life activity, or are you disabled in any way that requires you to receive special consideration from the College? If so, please check the appropriate box and give specifics.
- 1 Vision
 - 2 Hearing
 - 3 Speech
 - 4 Motor
 - 5 Mental or psychological
 - 6 Learning
 - 7 Anatomical loss (please specify) _____
 - 8 Other (please specify) _____

Please explain disability: _____

This information on disability will be shared with the Disabilities Services Coordinator and other appropriate College Offices, as necessary.

FAMILY MEDICAL HISTORY

If any of your blood relatives had the diseases listed, check in the space provided (include parents, grandparents, brothers, sisters)

- 1 Alcoholism
- 2 Anemia
- 3 Bleeding tendency
- 4 Cancer
- 5 Diabetes
- 6 Heart disease
- 7 Hereditary disease
- 8 High blood pressure
- 9 Mental illness
- 10 Migraine
- 11 Obesity
- 12 Stroke
- 13 Sudden death
- 14 Tuberculosis
- 15 Other (please specify) _____

PLEASE CHECK ANY OF THE FOLLOWING IF THEY APPLY:

- Heart Condition
- NONE
- 1 Congenital
- 2 Murmur, uncertain cause
- 3 Mitral valve prolapse syndrome
- 4 Rhematic
- 5 Valvular
- 6 Other (please specify) _____

HAVE YOU EVER HAD/OR DO YOU NOW HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS:

- 1 Acne (under treatment)
- 2 Acquired Immune Deficiency and/or HIV Infection
- 3 Alcoholism
- 4 Anemia
- 5 Anorexia nervosa
- 6 Anxiety
- 7 Asthma
- 8 Bladder infection
- 9 Bleeding trait
- 10 Blood disorders
- 11 Broken bones
- 12 Bulimia
- 13 Cancer or malignancy
- 14 Cardiac abnormalities
- 15 Cerebral palsy
- 16 Chicken pox
- 17 Chronic bronchitis
- 18 Chronic kidney condition
- 19 Compulsive overeating
- 20 Condyloma (genital warts)
- 21 Congenital anomaly
- 22 Constipation
- 23 Crohn's disease, Ulcerative colitis
- 24 Cystic breast disease
- 25 Cystic fibrosis
- 26 Depression
- 27 Diabetes
- 28 Dizziness/fainting
- 29 Drug addiction
- 30 Dysmenorrhea (severe menstrual cramps)
- 31 Eating disorder
- 32 Emotional illness
- 33 Frequent colds
- 34 Gastric ulcer
- 35 German measles (Rubella)
- 36 Head injury
- 37 Headaches
- 38 Hemorrhoids
- 39 Hepatitis
- 40 Hypertension (Elevated blood pressure)
- 41 Infectious mononucleosis (Mono)
- 42 Insomnia
- 43 Irritable bowel syndrome
- 44 Kidney infection
- 45 Knee injury
- 46 Loss of consciousness
- 47 Lyme disease
- 48 Malaria
- 49 Measles (Rubeola)
- 50 Menstrual disorders
- 51 Migraine
- 52 Multiple sclerosis
- 53 Mumps
- 54 Muscular dystrophy
- 55 Obesity
- 56 Parasitical infections
- 57 Pelvic infections
- 58 Phlebitis
- 59 Polio
- 60 Pregnancy
- 61 Psoriasis
- 62 Rheumatic fever
- 63 Rheumatoid arthritis
- 64 Seasonal allergies
- 65 Seizure disorders (Epilepsy)
- 66 Sexual Abuse
- 67 Sexually transmitted diseases
- 68 Systemic lupus erythematosus
- 69 Testicular disease
- 70 Thyroid disease
- 71 Tropical diseases
- 72 Tuberculosis
- 73 Vaginitis
- 74 Worry or nervousness
- 75 Vision problems
- 76 Smoker
- 77 Do you drink alcoholic beverages
- 78 Do you use illicit drugs
- 79 Other (please specify)

