



Student Health Service • Division of Student Affairs

1 Hawk Drive • New Paltz, NY • 12561-2443 • (845) 257-3400 • (845) 257-3415 (fax)

Health History

Student Name: _____ Date of Birth: _____

Diseases in student: check box if history of this condition exists in student:

Infectious Disease

- Chicken Pox
- Frequent Respiratory Infections
- Mononucleosis
- Positive TB Skin Test
- Tuberculosis
- Malaria
- HIV/AIDS
- Hepatitis A,B, or C
- Pneumonia
- Sexually Transmitted Disease

Chronic Medical Disorders

- Diabetes
- Seizure Disorder
- Anemia
- Sickle Cell Disease
- Heart Abnormality
- Kidney Disease
- Chronic Intestinal/Stomach Problem
- Arthritis
- Respiratory Allergies
- Hives
- Asthma
- Cancer
- Orthopedic Problems

Neurologic/Psychiatric Problems

- Head Injury/Concussion
- Emotional Disorder
- Depression
- Anxiety
- Attention Deficit Disorder
- Eating Disorder
- Hearing Deficit
- Visual Deficit
- Speech Deficits
- Fainting
- Alcohol/Drug Addiction

Medical problems other than those above and please clarify any positive responses: _____

Severe Injuries: Yes No Explain: _____

Operations: Yes No Explain: _____

Allergies Medicines: _____
 (Please Specify) Food: _____
 Insect: _____

Signature: _____ Date: _____