HEALTH HISTORY FORM

Name: (last, first, middle) _____ Date of Birth _____/_____/_____
Permanent Home Address: _____
City: _____ State: _____ Zip: _____
Name of Emergency Contact: _____
Phone: _____ Relationship to Student: _____
Insurance Company: _____
Are you allergic to any medications? Yes _____ No _____
If yes, please list: _____
Are you taking any medications on a regular basis? Yes _____ No _____
If yes, please list: _____
What surgeries or serious injuries have you had? _____
Primary Physician: _____ Phone: _____

Check any previous health history of:

Allergies:	Self ____Mom____Dad____	High Blood Pressure:	Self ____Mom____Dad____
Anemia:	Self ____Mom____Dad____	Kidney Disease:	Self ____Mom____Dad____
Arthritis:	Self ____Mom____Dad____	Lung Disease:	Self ____Mom____Dad____
Cancer:	Self ____Mom____Dad____	Nervous Disorder:	Self ____Mom____Dad____
Diabetes:	Self ____Mom____Dad____	Ulcers:	Self ____Mom____Dad____
Heart Disease:	Self ____Mom____Dad____	Seizures	Self ____Mom____Dad____
Hepatitis:	Self ____Mom____Dad____	Stroke:	Self ____Mom____Dad____

Additional health information (ex. specific allergies): _____

Meningococcal Vaccine—Per Missouri legislation (174.335), all residential students at public institutions must receive the meningococcal vaccine or submit a medical or religious exemption. Please check one of the following and attach any required documents:

_____ I have received the MENINGOCOCCAL VACCINE and have attached proof of vaccination to NCMC with this form.
_____ I am submitting a waiver of the MENINGOCOCCAL VACCINE requirement due to medical reasons. I have attached signed certification from a doctor licensed under Chapter 334 indicating that either the immunization would seriously endanger my health or life, or I have documentation of disease or laboratory evidence of immunity to the disease.
_____ I am submitting a waiver of the MENINGOCOCCAL VACCINE requirement due to religious reasons.

The information provided on this form is accurate to the best of my knowledge. In case of illness or injury, NCMC officials have permission to discuss and relay pertinent information to medical personnel and/or my emergency contact.

Signature of Student: _____ Date: _____

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Missing Student:

The Higher Education Opportunity Act of 2008 requires institutions to ask students if they would like to list a different emergency contact, should a missing persons report be filed. If you prefer an alternate contact than the one listed above, please list below:

Name: _____ Phone: _____

Please note that this information will be registered confidentially, will be accessible only to authorized campus officials, and may not be disclosed, except to law enforcement personnel in furtherance of a missing person investigation. If you are under 18 and not emancipated, NCMC will notify parents.