Student Health Services
Laurel Hall
282 The Green
Newark, DE 19716-8101
Phone: 302-831-2226
Fax: 302-831-6407

Personal Information and Health History

Please include the following information to best serve you. **Must complete this form.**

Full Legal Name: _____ (Surname/Family Name)

Preferred Name: _____ (First)

Date of Birth: _____ (MM/DD/YY)

Date Completing Form: _____ (MM/DD/YY)

Phone Number in United States: _____

Emergency Contact: Names of two individuals to contact in case of an emergency.

Name	Relationship	Phone Number

Allergies – medication, food or materials (e.g., latex)

☐ Check if no known drug allergies/sensitivities, latex allergy, food allergy

Food/Medication/Substance	Type of Reaction	Approx. Date of Onset

Current Medications – taken on a regular basis (e.g., insulin, birth control pills, seizure or heart medicine)

☐ Check if no medications currently taken

Name of Medication	Dosage of Medication	Start Date

Hospital Admissions and Surgeries (please list ALL)

Description	Approx. Date(s)

Current (or past) Medical History (e.g., asthma, diabetes, heart conditions, thyroid, seizure disorder)

Description	Approx. Date(s)

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Family History of Illnesses – Please list if there is a family (e.g., grandparents, siblings) history of illness such as diabetes, high blood pressure, sudden/unexplained deaths, etc.)

Do you smoke/vape? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No

If you answer "Yes," how often do you smoke and/or drink alcohol?

Please provide additional information for allergies, medications or hospital admissions or surgery information in the space below, if necessary.