

Health History Form

Demographic Information

Demographic Information				
Last Name	First Name	Middle Initial		
Preferred Name	Date of Birth (MM/DD/YYYY)	Cell Phone Number		
Home Address: Street	City	State	Zip Code	Country
Parent/Guardian Name	Parent/Guardian Phone Number		Parent/Guardian Email	
Emergency Contact Name	Emergency Contact Phone Number		Relationship	

Authorization & Consent

(A parent/guardian must acknowledge and sign this section if the student is under the age of 18 on the first day of classes)

I give Boston College (BC) University Health Services (UHS) permission to examine and treat me during my enrollment at BC. I understand that UHS is an inclusive clinic of medical, sports medicine, athletic training, mental health, nutrition, and other services. I understand that UHS providers within this organization may discuss my care within the clinic to allow for effective care delivery and care management. I understand if specialty care is needed, UHS will provide a referral. This information is for UHS use and will not be released to a third party without your consent.

Student Name _____

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Health Insurance Information

- Insurance must be **updated annually** and when there is a change.
- Enter information under Medical Insurance in services.bc.edu
- Upload a copy of the **front & back** of your **Insurance Card** to your health portal.
- We suggest students keep a copy on their phones.

Student Medical History

Check all that apply:

- | | | | | | |
|------------------------------------|--|---------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer | <input type="checkbox"/> Concussion | <input type="checkbox"/> Covid-19 | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Ears/Eyes | <input type="checkbox"/> Heart | <input type="checkbox"/> Kidney/Liver | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Measles or Rubella | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Other | |

Comments:

Are you currently followed by a medical provider for a medical condition?

Yes No

Reason:

Are you currently followed by a medical provider for any mental health conditions?

Yes No

Reason:

Have you had any surgical procedures?

Yes No

If yes, list them with the dates:

Health History Form

Student Medical History			
Do you exercise regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No Any limits: _____			
Do you smoke or vape? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you consume alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of drinks per week: _____			
Allergies			
<i>List ALL Medication & Food Allergies</i>			
<i>(Include name and reactions Or If the student has no known allergies please check the box below)</i>			
<input type="checkbox"/> The student has no known allergies to medications			
<input type="checkbox"/> The student has no known allergies to food			
Medication(s):			
Food(s):			
Other:			
Do you carry an Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Medications			
<i>(List all prescription and non-prescription medications, including vitamins & herbal supplements, including dose and times per day)</i>			
Prescription Medication:	Non-prescription medication:	Vitamins:	Herbal supplements:
Family Medical History			
Relation (Parent/Sibling/other family members):	Age:	General Health/Current/Past Health Conditions:	If deceased, cause and age of death:

Please notify the Disability Office if you will need accommodations on campus at 617-552-3470 or student.support@bc.edu.

Please use additional pages if needed for any of the sections.

I certify that the information provided is complete and accurate. I have also received notification of the Health Services privacy policy located on the UHS website: www.bc.edu/uhs.

 Student Signature (Required) Date