

Maine Media College Student Confidential Health History Questionnaire

Please fill out completely and return at registration. This information is for emergency use only and will be kept entirely confidential within your student records. Please be thorough in your answers using the back of this questionnaire or an additional page if needed. The information on this form may be used to save your life in the event of an accident or serious illness.

Your Name _____ Phone _____

College Phone Number: _____ E-mail: _____

College Address _____

Emergency contact

Name _____ Relationship _____

Their Phone Number: _____

Their Address _____

Your Doctor _____ Phone _____

Address _____

Are you allergic to any medications, such as penicillin? Yes No
If yes, what medications: _____

Are you allergic to any foods? Yes No
If yes, please list: _____

Do you take any prescribed medications currently? Yes No
If yes, please list the medication and the condition being treated:

Are you in counseling? Yes No

Counselor's name _____ Phone _____

If yes, please describe the condition for which you are being treated:

May we contact your counselor in case of an emergency? Yes No

Do you /have you had a substance abuse problem? Yes No

If yes, please describe:

Are you aware of any learning differences? Yes No

If yes, please describe your condition. _____

May we bring the above condition to the attention of the Faculty, on a need-to-know basis? Yes No

Have you attended Alcoholics or Narcotics Anonymous meetings? Yes No

If yes, please describe history:

Would you like information regarding local AA or NA meetings? _____

Do you have any physical or emotional needs or limitations that we should be aware of to better support your success at Maine Media College? Yes No

If yes, please describe. _____

Please describe thoroughly on back.

The information contained in this questionnaire is accurate and truthful. I allow Maine Media College to contact the person(s) named above in case of an emergency.

Signed _____ Date _____