

Idaho State University Confidential Health History Questionnaire

ISU Study Program: _____

Program Dates: _____

Name: _____
FAMILY First Middle

Bengal ID Number: _____

Emergency Contact Information

Name: _____ Phone: (____) _____ - _____

Address: _____
Number and Street Apt. No.

City State Zip Code _____

Relationship to Participant: _____

Health History

1. Please list any recent or continuing physical or mental health problems.

2. Please circle if you have had any of the following

- | | |
|----------------------------|--------------------------------|
| Yes No Anorexia/bulimia | Yes No Protein/sugar in urine |
| Yes No High blood pressure | Yes No Bladder/kidney problem |
| Yes No Asthma | Yes No Ulcers/stomach problems |
| Yes No Heart problem | Yes No Depression |
| Yes No Hay fever/allergies | Yes No Epilepsy/convulsion |
| Yes No Jaundice/hepatitis | Yes No Surgery Yes No Diabetes |
| Yes No Back problems | |

(If you circled YES, please list the type and year of illness)

Please explain how you are managing your "yes" responses

Drug Allergies Food/Other Allergies

- ____ Penicillin Dairy
- ____ Novocain/local anesthetic Wheat
- ____ Sulfa Bee stings
- ____ Other (specify) (specify)

Immunization History (please circle)

- | | |
|-------------------------------|------------------------|
| Yes No Polio Immunization | Yes No Chickenpox |
| Yes No Hepatitis | Yes No Tetanus booster |
| Yes No Measles, mumps rubella | Yes No Rabies |

Confidential Health History Questionnaire (page 2)
Immunizations (cont)

Yes No Yellow fever (required for Ghana)

I understand that I am responsible for obtaining the necessary immunizations for my program participation. _____ Initial.

Medicines

Please list any medicines (pills or injections) you take regularly.

Tuberculosis

Have you ever lived in close contact with anyone who had tuberculosis? Yes No
(if yes, when) _____

Previous skin test

Negative Year _____

Positive Year _____

Never tested

Family Medical History

Yes No High blood pressure

(who)

Yes No Asthma

(who)

Yes No Heart disease

(who)

Yes No Hay fever/allergies

(who)

Yes No Sickle cell

(who)

Other Medical Conditions Not Listed above

Current Health Insurance Coverage

Insurance Provider & Policy # _____

I affirm that all of the above information is correct and to the best of my knowledge. I am aware of all personal medical needs, and I state that there are no health related reasons or problems, which preclude or restrict my participation. I have disclosed all medical, health, or learning conditions, which may require assistance or accommodation at the program site.

Signature

Date