WPI Student Health Services
100 Institute Road
Worcester, MA 01609
Tel: 508-831-5520

WPI STUDENT HEALTH HISTORY

Student self-reported medical history form

Name: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

In case of emergency please notify: _____

Relationship: _____ Phone: _____

Health Insurance Plan: _____

ID#: _____ Group#: _____

Subscriber name and date of birth: _____

RELATION (please circle)	AGE	IN GOOD HEALTH (YES/NO)	PAST/PRESENT SERIOUSILLNES	IF DECEASED AGE AT DEATH	CAUSE OF DEATH
Father/Mother					
Mother/Father					
Brother/Sister					
Brother/Sister					
Brother/Sister					

PERSONAL HISTORY: ***Please check Yes or No below. If yes, please provide details on the lines below the chart.***

	Y	N	AGE		Y	N	AGE		Y	N	AGE		Y	N	AGE
ADHD/ADD				COVID19				Head injury / Concussion				Panic Disorder			
Allergies				Diabetes				Headaches				Seizure disorder			
Alcohol /Drug use				Dizziness/Fainting				Heart				Skin / Acne			
Anemia				Depression				Hepatitis				Sleep Issues / Insomnia			
Anxiety				Ear / Nose / Throat				High Blood Pressure				Smoking, # of cigarettes a day____			
Asthma				Eating Disorder				Kidney or urinary				Thyroid			
Bone & Joint				Eye / Vision				Menstrual Problems				Tuberculosis or (+) PPD			
Cancer				Gastrointestinal				Mononucleosis				Other _____			

1. Are you allergic to any medications? Please specify type and reaction:

2. List any food and/or environmental allergies and describe the reaction:

3. List all medications that you are taking (prescriptions/vitamins/supplements). Please include the name, dose, and reason for use:

4. Have you received counseling or been hospitalized for anxiety, depression, alcohol or other drug use, disordered eating, or other mental/emotional diagnoses?

5. Date and type of hospitalizations, injuries (athletic and nonathletic), and surgical operations which you have had.

6. Are you being followed by a medical provider for any medical problems?

I hereby certify that the information entered above is complete and accurate.

Date: _____ Student's Signature: _____