



PIEDMONT INTERNATIONAL UNIVERSITY

420 S. Broad Street • Winston-Salem • North Carolina • 27101
(800) 937-5097 www.PiedmontU.edu Fax (336) 725-5522

Health History Form

(To be filled out by Student)

All students must have on file a student health history. This certificate is to be completed by the applicant. All information will be kept confidential.

Name of Applicant Sex ___ F ___ M

Address City State Zip

(_____) _____
Telephone Date of Birth

1. Check any of the following which you have had or are experiencing. Give dates and any appropriate details.

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food allergies | <input type="checkbox"/> HIV / AIDS |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headache (migraines) | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Drug allergies | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Typhoid / Malaria |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Emotional/nervous disturbances | | <input type="checkbox"/> Other _____ |

2. Do you have any other physical/emotional conditions that have required a physician's attention?
Yes ___ No ___ If yes, please explain.

3. Personal Physician _____ Telephone (_____) _____

4. Notify in case of Emergency _____ Relationship _____
Telephone (home) (_____) _____ (work) (_____) _____

5. If you are under the age of 18 years of age and unmarried, a parent or guardian must sign below:

"In the event of an emergency, I give my permission for my son/daughter to receive necessary medical treatment."

Parent / Guardian signature: _____ Date: _____