



# PIEDMONT INTERNATIONAL UNIVERSITY

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## 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: \_\_\_\_\_