

Health History

Please complete both sides and return by June 30, 2008

Name: _____

	<u>Age</u>	<u>State of health</u>	<u>Cause of death</u>
Father			
Mother			
Siblings			

Do you have a family history of:

	<u>Yes</u>	<u>No</u>	<u>Relationship</u>
Cancer.....			
Diabetes.....			
High Blood Pressure.....			
Heart Disease.....			
Kidney Disease.....			
Epilepsy.....			
Tuberculosis.....			
Mental Illness.....			
Drug or Alcohol Problems.....			
Allergies, Asthma			

List any allergies you have: _____

List all medications you are currently taking: _____

List any acute or chronic illnesses for which you are receiving care: _____

I give permission for the Office of Health & Wellness to release my medical records to Travel Abroad Programs, the Sturdy Hospital Volunteer Department, Wheaton College Athletic Training Staff, and other specified organizations as requested.

Signature: _____ **Date:** _____