

The College of St. Scholastica  
Duluth, Minnesota

Nursing Annual Health History Update  
School Year \_\_\_\_\_

**\*Fill out completely and return to Student Health Services**

Name \_\_\_\_\_ Male  Female  Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Local Address \_\_\_\_\_  
Number and Street City State Zip

Students Local Phone \_\_\_\_\_

Parent/Guardian/Spouse/Partner \_\_\_\_\_ Home Phone \_\_\_\_\_

In case of emergency/illness at school, call: \_\_\_\_\_

Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

**Within the last year have you had:**

\* Any serious illness, operation, hospitalization or accidents? Yes  No

If YES, please explain \_\_\_\_\_  
\_\_\_\_\_

\* Any special health problems? Yes  No

If YES, please explain \_\_\_\_\_  
\_\_\_\_\_

\* List current medications: \_\_\_\_\_  
\_\_\_\_\_

\* Allergies? Please list: \_\_\_\_\_  
\_\_\_\_\_

\* List **current** health concerns: \_\_\_\_\_  
\_\_\_\_\_

\* List **past or chronic** health concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_