

ID Sticker

Date _____ PI/Advisor _____ Dept _____
Job title / Occupation: _____ Work phone _____

Health History:

T _____ BP _____ P.ox _____ P _____ Wt _____ Smoke _____ Alcohol _____ Vision 20/ 20/
Medications (prescriptions, non-prescription, supplements) [] None

Allergies (medications, foods, animals, environmental, latex, etc) [] None

Review of systems:
Are you currently experiencing any of the following:
Unexplained fatigue, weight loss or lack of energy? Yes No
Unexplained fever, chills, night sweats, lymph node enlargement? Yes No
Severe headaches, visual changes, hearing loss, blackouts, dizziness, weakness or numbness? Yes No
Shortness of breath at rest or with activity? Yes No
Wheezing, persistent cough, sputum production or coughing up of blood? Yes No
Unexplained chest pains, palpitations or swelling of the feet? Yes No
Persistent nausea, vomiting, abdominal pain or diarrhea? Yes No
Severe or persistent neck or back pain, muscle aches, tremors or weakness? Yes No
Swollen and painful joints? Yes No
Other symptoms (please list and describe) Yes No

Medical History:
What are your ongoing medical problems? Use an additional sheet of paper if necessary.
Have you had (check all that apply):
[] Pneumonia [] Recurrent Bronchitis [] Tuberculosis
[] Heart Disease [] Rheumatic Fever [] Heart murmur & Valve Disease
[] Diabetes [] Kidney Disease [] Liver Disease
[] Cancer [] Gastrointestinal Disorder [] Loss of Consciousness
[] Seizures [] Arthritis [] Immune System Disease
[] Cystic Fibrosis [] Emphysema or Asthma

Surgeries: [] None

Immunizations:
MMR #1 _____ MMR # 2 _____ Hepatitis A#1 _____ Hepatitis A#2 _____ BCG _____
Hepatitis B #1 _____ Hepatitis B #2 _____ Hepatitis B #3 _____ Rabies Series _____ Td/TdaP _____
Date of last PPD (tuberculin) skin test: _____ [] Positive [] Negative
If PPD POSITIVE, date of last chest X-ray: _____
If POSITIVE in the past, are you having any of the following symptoms (check box)?
[] Fever [] Chronic Cough [] Bloody sputum [] Weight loss [] Shortness of breath

