

# Health Science Technology Education Unpaid Work-Based Learning Medical History Health Screening

Student \_\_\_\_\_ School \_\_\_\_\_

SS # \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Please answer the following questions to the best of your ability. This medical history is necessary to provide the best unpaid work-based learning environment for students and patients. Any material omission or falsification of this report will be reasons for dismissal from the program.

Have you had, or do you now have, any of the conditions listed below? Please check No or Yes. If Yes, indicate your age at the time the condition occurred and whether hospitalized, previously under DR's care or presently under DR's care.

Condition	No	Yes	Age	Details
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Arthritis

Asthma/Hay Fever

Back trouble/Pain

Blood disease/Anemia

High blood pressure

Bone/Joint deformity

Bones Broken/Dislocated

Shortness of Breath

Cancer/Cyst/Growth/Tumor

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Chest Pain/Pressure

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Chronic Cough

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Diabetes

---

Dizziness/Fainting Spells

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Ears, Hearing/Injury

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Epilepsy/Seizures

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Eye Trouble/Injury

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Foot Trouble/Swelling

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Gall Bladder Trouble

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Heart Trouble

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Headaches, Frequent/Severe

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Jaundice

---

Joints, Tricky/Painful

---

Kidney Stones/Blood in Urine

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Malaria

---

Nervous breakdown

---

Nervousness

---

Neuritis/Neuralgia

---

Paralysis, Polio/Stroke

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Pleurisy

---

Pneumonia

---

Rheumatic Fever

---

Rheumatism

---

Hernia

---

Sinus Trouble

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Skin Disease/Chronic Rash

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Tuberculosis

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Ulcers/Stomach Trouble

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Varicose Veins

---

Veneral Disease

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Please answer the following:

Have either of your parents or siblings ever had cancer, diabetes, hypertension, stroke, nervous breakdown, epilepsy, TB, kidney disease, heart disease? Explain.

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Has your weight changed in the last year?  
Gain or Loss? How many Pounds?

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Have you ever had any serious ill effects from any activities/work you have done? Explain.

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Have you had any accidents, injuries, or surgery in the past year? Explain.

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Are you now in sound health and without physical or mental defects or infirmities?

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I certify that these answers are true and complete and that I am aware that any omission or falsification is reason for dismissal from the program. I further agree to take any health examination that is deemed necessary before participation in Unpaid Work-Based Learning.

I certify that I am legally competent to grant such authorization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date