



OFFICE OF ADMISSIONS

**Student Health History**

All students must submit health history information to Flagler College to complete the enrollment process. Please provide all the information requested. Be sure to sign the back of this form, or if you are under 18 years of age, your parent or legal guardian must also sign this form. Your physician, public health office, or school nurse should complete the Immunization Documentation Form.

The information on these forms is confidential and will only be reviewed by Flagler College Health Services medical staff; no information will be released without your written permission.

Mail this form to: DIRECTOR OF ADMISSIONS, FLAGLER COLLEGE, P.O. BOX 1027, ST. AUGUSTINE, FL 32085.

**THIS FORM IS DUE WITHIN THREE WEEKS OF THE DATE OF ENROLLMENT.**

Name \_\_\_\_\_ Sex:  Male  Female  
LAST NAME FIRST NAME MIDDLE NAME

Social Security Number: -- Telephone \_\_\_\_\_  
AREA CODE NUMBER

Address \_\_\_\_\_  
STREET NO. AND STREET CITY STATE ZIP CODE

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Email Address \_\_\_\_\_

Month and year you plan to enter Flagler College  September  January Year \_\_\_\_\_

Person to contact in case of emergency: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Address \_\_\_\_\_  
STREET NO. AND STREET CITY STATE ZIP CODE

**Personal Medical History**

Have you ever sought medical assistance for any of the following problems?

- Asthma  Eating Disorders  Kidney Stones  Emotional Disorders  Thyroid Disease  Colitis
- Heart Murmurs  Mononucleosis  Ulcers  Depression  Hepatitis  Mumps  Urinary Infections
- Diabetes  Hypertension  Pneumonia

List chronic illnesses: \_\_\_\_\_

List major surgeries: \_\_\_\_\_

List drugs to which you are allergic: \_\_\_\_\_

List medicines you take routinely (with dosage and frequency): \_\_\_\_\_

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### Family Medical History

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Has any member of your immediate family ever had any of the following?

Cancer  Emotional Disorders  Hyperlipidemia  Diabetes  Heart Disease  Tuberculosis   
Hypertension  Other: \_\_\_\_\_

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### Permission for Treatment

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The College encourages all students to carry health insurance. A major medical health insurance policy is available through the Finance Office. Students are advised to carry proper identification and the name, address, and policy number of their medical insurance at all times.

Should the need arise, the College reserves the right to have any full-time student examined by the college physician.

#### PERMISSION FOR TREATMENT OF STUDENTS 18 YEARS OLD AND OVER

If you are 18 years old or older and have completed the health history section, then you must sign this permission form. No treatment will be provided if a signed permission form is not on file at Health Services.

*I certify that the foregoing information is true and complete to the best of my knowledge. I realize that the information that I have provided on the health history form is confidential and for the use of the attending medical staff. I give permission to Flagler College to furnish such diagnostic, therapeutic, voluntary immunization and operative procedures and transportation as deemed necessary by the medical staff on my behalf. I am 18 years of age or older.*

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

#### PERMISSION FOR TREATMENT OF MINOR

If you are a minor (under 18 years old), your parent or legal guardian must sign this consent form so that Health Services may promptly carry out appropriate diagnosis and treatment and provide emergency health service procedures with no unnecessary delay. Without a signed permission for treatment, Health Services will contact and fully inform your parent or legal guardian before performing any major health service except in an emergency. It should be understood that under certain circumstances you will be transported to an area hospital for diagnosis and treatment.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

*I give my permission for such diagnostic, therapeutic, voluntary immunization, and operative procedures and transportation as may be deemed necessary for my son/daughter who is under the age of 18 years.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_