Medical History (Confidential)
Completion of this form is REQUIRED prior to Receiving non-emergency care.

Return completed form to: MSSU Health Center
3950 E. Neman Road
Joplin, MO 64801

Have you ever had or do you have now a problem with:

- Alcohol
- Anemia
- Arthritis
- Asthma
- Back Problems
- Cancer
- Chicken Pox
- Colitis
- Convulsions/Seizures
- Cough (Chronic)
- Depression
- Diabetes
- Disability/Handicapped
- Drug Abuse
- Ear Trouble /Hearing Loss
- Eating Disorder
- Eye Disease/Problems
- Gallbladder Trouble
- Hay Fever (Recurrent)
- Heart Disease/Problem
- Hepatitis/Jaundice
- Hernia/Rupture
- High Blood Pressure
- intestinal/stomach Trouble
- Joint Disease/Injury
- Measles, Red
- Migraine Headaches
- Mononucleosis, Infectious
- Mumps
- Paralysis
- Pneumonia
- Polio
- Psychological Counseling
- Rheumatic Fever
- Rubella (3 Day Measles)
- Scarlet Fever
- Sexually Transmitted Disease (STD)
- Sickle Cell Trait/Anemia
- Sinus Trouble
- Skin Problems (Chronic)
- Sleep Problems
- Smoking (How long?)
- Suicide Attempt
- Surgery
- Thyroid Disease
- Tuberculosis
- Urinary Tract Infection
- Other

If none of the above applies, check here: _________
Describe answers above with dates: ________________________________________________

If none of the above applies, check here: _________
Describe answers above with dates: ________________________________________________

List Drug Allergies:
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

If not known, check here______

Date of last Physical Exam: ________________
Height: ___________________
Weight: ___________________

While at MSSU will you need Allergy Shots? _________
(If “yes” bring written instructions from your physician)

List Current Medications:
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
Please attach a copy of your Immunization Record!

Proof of MMRII is REQUIRED!  Date of MMRII (If already rec’d) ______________________

MMRII is available at the MSSU Health Center free of charge.

STUDENTS LIVING IN RESIDENCE HALLS ARE REQUIRED, BY LAW, TO HAVE A MENINGITIS VACCINE, OR SIGN A WAIVER REFUSING IT!

Meningitis is an infection that is rapidly progressive and may be mistaken for Influenza. It can progress from flu-like symptoms to death within 24 to 48 hours. College freshmen living in residence halls are at a 6-fold higher risk for meningitis compared with other college students. (See the attached waiver for more information)

The Meningitis vaccine is available at the MSSU Health Center at cost.

TO PARENTS OF STUDENTS UNDER AGE 18: I hereby grant permission to the medical staff of the MSSU Health Center to carry out necessary medical treatment of the above patient.

__________________________________________  ______________________
Signature of Parent/Guardian                                       Date

BILLING POLICY:
While office visits are free, some services have fees. Students may pay charges at the time of service, or can be billed by Student Accounts, payable within 30 days. FACULTY/STAFF CHARGES ARE DUE AT THE TIME OF SERVICE!

Name (print),____________________________________________   ______________             ____________
Last                          First                         Middle                           Social Security Number                      Date
Medical History (Confidential)  
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Joplin, MO 64801

Family History

<table>
<thead>
<tr>
<th>Relation</th>
<th>Age</th>
<th>State of Health</th>
<th>Age at Death</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mother</td>
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</tr>
<tr>
<td>Sisters</td>
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<tr>
<td>Brothers</td>
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</tr>
</tbody>
</table>

Has any relative (father, mother, sister, brother, or grandparents) suffered from the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>NO</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
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<tr>
<td>Cancer (what type?)</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Epilepsy/Seizures</td>
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<tr>
<td>Heart Attack (before age of 50)</td>
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<tr>
<td>High Blood Fat Levels</td>
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<td></td>
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<tr>
<td>High Blood Pressure</td>
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<td></td>
<td></td>
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<tr>
<td>Kidney Disease</td>
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<tr>
<td>Mental Disease / Disorder</td>
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<tr>
<td>Migraine Headaches</td>
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<tr>
<td>Sickle Cell Trait/ Disease</td>
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<tr>
<td>Stomach/ Colon Problems</td>
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<tr>
<td>Thyroid Disease</td>
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<tr>
<td>Tuberculosis</td>
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<td></td>
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<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

Any other information which could be helpful in your care at MSSU Health Center?

________________________________________________________________________
________________________________________________________________________

For Females Only:

Age of first menstrual period:___________ Menstrual irregularities? Yes/No____
How many pregnancies? _______________

I hereby certify that the above history is complete to the best of my knowledge.

________________________________________________________________________
Name                                                                                     Date                      Social Security Number