To the Prospective Student and their Parent(s) or Guardian(s):

In order to provide effective medical care and assistance, Paine College asks that students complete a medical history and physical examination form prior to students' initial registration. Periodically, the College will ask students to update this information in an effort to ensure that appropriate personnel are able to provide medical answers when necessary. This information is strictly for the use of Student Health Services and will not be released to anyone without the knowledge and written consent of the student, their parents, or guardian. If you have any questions, please contact the Office of Student Affairs and Enrollment Management at 706-821-8302.

Completed medical history/physical examination forms should be mailed or delivered directly to:

Paine College
Office of Student Affairs and Enrollment Management
1235 15th Street
Augusta, Georgia 30901

Part 1- Personal Information

Name_____
Last First Middle
Sex: M____F____ Birth date____/____/_____ SS#____-_____-_____

Home address_____
Street City State Zip Code

Home phone: (_____) _____ Mobile phone: (_____) _____

Parents/Guardian: Father: _____

Mother: _____

Address (If different from above) _____

_____

In case of an emergency person to be notified:

Name: _____

Phone#: _____ Relationship: _____

Part II- Insurance Information

All students enrolled at Paine should have primary insurance**.** Please provide the following information.

Head of Household:_____ SS#_____

Employer Name:_____Employer phone# _____

Insurance Co. Name:_____ID#: _____

Insurance Co. phone#:_____ Is this student insured? Yes ( ) No ( )

Spouse:_____ SS#: _____

Insurance Co. Name:_____ ID#: _____

Insurance Co. phone#:_____ Is this student insured? Yes ( ) No ( )

Part III- Authorization and Consent

I hereby agree that the attending physician assigned when I am or my child/ward is a student at Paine College may treat (including hospitalization, injection, operation and/or anesthesia) me or my child/ward in case of accident, injury or illness. I also agree that Paine College Division of Student Affairs and Enrollment Management may release medical information to physicians and/or insurance companies necessary for care/treatment or claim processing.

_____ _____
Student's Signature Date

_____ _____
Parent/Guardian Signature Date

Part IV- Medical History

A. Do you have or have ever had history of:

(**If "yes" to multiple listing, please circle all that apply**)

	Yes	No	Date
Tuberculosis	_____	_____	_____/___/_____
Heart Disease	_____	_____	_____/___/_____
Hypertension	_____	_____	_____/___/_____
Kidney/Bladder Disease	_____	_____	_____/___/_____
Nervous Disorder/Breakdown	_____	_____	_____/___/_____
Clinical Depression	_____	_____	_____/___/_____
Chronic Anemia	_____	_____	_____/___/_____
Sickle Cell Trait/Disease	_____	_____	_____/___/_____
Epilepsy/Seizures	_____	_____	_____/___/_____
Ulcers/Gastrointestinal Disorder	_____	_____	_____/___/_____
Crohn's Disease	_____	_____	_____/___/_____
Require Special Diet	_____	_____	_____/___/_____
Arthritis/Bursitis/Gout	_____	_____	_____/___/_____
Hemorrhoids	_____	_____	_____/___/_____
Hernia	_____	_____	_____/___/_____
Infection	_____	_____	_____/___/_____
Hearing Defect	_____	_____	_____/___/_____
Speech Defect	_____	_____	_____/___/_____
Recurring Tonsillitis/Strep Throat	_____	_____	_____/___/_____
Pneumonia	_____	_____	_____/___/_____
Asthma	_____	_____	_____/___/_____
Seasonal Allergies/Hay Fever	_____	_____	_____/___/_____
Allergic Reaction to Medication	_____	_____	_____/___/_____
(If yes, please list name(s) of medicine(s): _____			
Allergic Reaction to Food	_____	_____	_____/___/_____
(If yes, please list name(s) of food(s): _____			
Frequent Headaches/Migraines			
Cancer			
(If yes, please list type of cancer): _____			
Diabetes			
(If yes, indicate dietary/medicine controlled or insulin dependent: please circle controlling method.)			
Chicken Pox			
Measles			
Physical Handicap			
(If yes, indicate special requirements: _____			

Part IV- Medical History (cont.)

STD: Syphilis			
Gonorrhea	_____	_____	_____/___/_____
Herpes	_____	_____	_____/___/_____
Chlamydia	_____	_____	_____/___/_____
Genital Warts	_____	_____	_____/___/_____
Trichomoniasis	_____	_____	_____/___/_____
HIV/AIDS	_____	_____	_____/___/_____
Hepatitis A, B, or C (If yes, please circle type)	_____	_____	_____/___/_____

B. **Please note:** Medications are not dispensed from the Division of Student Affairs and Enrollment Management. Student must bring their own supply. Medications requiring special accommodation should be made known to the Division of Student Affairs & Enrollment Management. Any medications requiring needles or syringes must be documented below.

List Prescription medications currently used long term:

_____ _____ _____
_____ _____ _____

List non-prescription medications frequently used:

_____ _____ _____
_____ _____ _____

	Yes	No	Occasionally
Do you smoke?	□	□	□
Do you drink alcoholic beverages?	□	□	□
Do you use recreational drugs?	□	□	□