VOORHEES UNIVERSITY

Health Services
PO Box 678
Denmark, SC 29042

Phone: (803) 780-1077
Fax: (803)-780-4644
swilliams@voorhees.edu

Self-Reported Medical Form

Name_____ **Phone Number**_____

Mailing Address_____
Street Address **City** **State** **Zip Code**

Date of Birth__/__/__ **Gender at Birth**_M_F **Gender Identity**_____

Emergency Contact_____ **Relationship**_____

Phone Number (Home)_____ **(Cell)**_____

Have you ever had or currently have any of the following: Check yes or no. Please briefly explain any "yes" answers.

Y	N	Symptoms	Y	N	Symptoms
		Scarlet Fever			Hearing Loss
		Periods of Unconsciousness			Eye/Vision Trouble
		Headaches			Broken Bones
		Swollen/Painful Joints			Sinusitis
		Dizziness/Fainting Spells			Tumor/Growth/Cyst
		Chronic/Frequent Colds			Skin Issues
		Severe Tooth/Gum Trouble			Head Injury
		Bone/Joint Disease			Tuberculosis
		Bed Wetting age 12+			Asthma
		Kidney Disease			History of Surgery
		Diabetes			Hepatitis
		Hypertension			Epilepsy/Seizures
		Heart Issues			Allergies to Food

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		Insomnia			**Allergies to Medication**
		Depression			**Mental Health Diagnosis**
		Anxiety			

Signature_____ Date_____