



# Peru State College

Member Institution of the Nebraska State College System

## Medical Records Form

**IMPORTANT NOTICE:** This completed health record including immunization records must be on file at the Office of Admission before acceptance to Peru State College. By not complying with this policy, your class registration will be affected. **Students exempt from filing out this form are students taking classes only at sites other than Peru including Offutt, online and Early Entry students.** This health history will be part of your confidential medical record and cannot be released without your knowledge and written consent.

### General Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Former

Semester Entering: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

Gender \_\_\_ M \_\_\_ F Marital Status \_\_\_ M \_\_\_ S \_\_\_ W \_\_\_ D

Home Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
Street/P.O. Box City State Zip

Person to notify in case of emergency:

Name \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_

### Insurance Information

(copy of insurance card can replace this information)

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### Immunization History

All students attending the Peru campus must provide physician certified proof of immunizations for two doses of Measles/Mumps/Rubella (waived if born before 1957) and Diphtheria prior to registration. A tetanus immunization within the past 10 years is recommended but not required.

### Medical History

Check off or list Allergies:

Place an X for those that apply to you:

Do you have a history of:

- \_\_\_ Asthma
- \_\_\_ Hay Fever
- \_\_\_ Eczema
- \_\_\_ Penicillin
- \_\_\_ Sulfa
- \_\_\_ Other
- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_ Diabetes
- \_\_\_ Seizure Disorder
- \_\_\_ Glasses/contacts
- \_\_\_ Difficult Sleeping
- \_\_\_ Eating Problems
- \_\_\_ Headaches
- \_\_\_ Depression
- \_\_\_ Currently Receiving Allergy Shots
- \_\_\_ Menstrual Disorder
- \_\_\_ Worry/Nervousness
- \_\_\_ Heart Murmur
- \_\_\_ Back Problems
- \_\_\_ Skin Problems
- \_\_\_ Scoliosis
- \_\_\_ Hearing Loss

- \_\_\_ Urinary Tract Infection
- \_\_\_ Anemia
- \_\_\_ Rheumatic Fever
- \_\_\_ Mononucleosis
- \_\_\_ Severe Injury \_\_\_\_\_
- \_\_\_ Surgery \_\_\_\_\_
- \_\_\_\_\_

