



William Rainey Harper College
1200 West Algonquin Road
Palatine, Illinois 60067-7398

STUDENT HEALTH RECORD
CONFIDENTIAL

Health & Psychological Services
A Building, Room 364
Phone: 847-925-6268

PLEASE PRINT CLEARLY IN BLACK INK ONLY

Name _____ Birth Date ____/____/____
Last First Middle Initial

Harper ID# _____ Gender _____ Veteran

Telephone _____ Email Address _____
Primary Secondary

Address _____
Street Town State Zip Code

Emergency Contact Relationship (*circle one*) → Spouse/Guardian/Parent/Other: _____
Name _____ Contact Number(s) _____

ROUTINE MEDICATIONS: (prescribed and/or over the counter)

MEDICATION ALLERGIES: Yes _____ No _____ **FOOD/ENVIRONMENTAL ALLERGIES:** Yes _____ No _____

If yes, please list _____

FAMILY HISTORY of health problems (heart disease, diabetes, cancer, etc.--include parents, grandparents, siblings, children--be specific):

HOSPITALIZATIONS/SURGERIES (type and date) _____

Have you ever had, or do you now have any of the following:

SOCIAL HISTORY / INJURY PREVENTION	No	Yes*	*If yes, estimate amount/frequency
Tobacco Use			
Exercise			
Alcohol/Drugs			
Do you wear a seat belt and/or helmet?			
Do you practice safe sex?			

Have you ever had, or do you now have any of the following:

	No	Yes*	*Explain yes answers
Headaches/migraines			
Eye disease			
Ear, nose and throat disease			
Heart problems or high blood pressure			
Breathing problems			
Abdominal pain or liver disease			
Back pain			
Cancer			
Diabetes			
Seizures			
Anxiety/depression/abuse			
Other mental health/learning concerns			
Tuberculosis			
Rheumatic fever or polio			
Bone or joint problems			

The above information is accurate _____

Signature

Date

