

# Wartburg Student Health History Form

*TO BE COMPLETED BY THE STUDENT*

Noah Campus Health Clinic  
100 Wartburg Blvd.  
Waverly, IA 50677

Phone:319-352-8436  
Fax:319-352-8566  
E-mail:health@wartburg.edu

Last Name	First Name	Middle	Gender Male    Female
Student Email Address	Student Cell Phone	Parent Cell Phone	Parent Work Phone
Parent Names (emergency contact)			Parent Home Phone
Allergy to Medication(s)		Allergy to Food or environmental allergens:	
Medications you are taking (please include both prescription and non-prescription medications):			
1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____			
Medical, emotional, or health conditions you wish the college to be aware of: (asthma, epilepsy, depression, ect.)			

## Student Health History

The information on the Student Health History and Physical Examination forms is legally privileged and confidential and is intended for the use of the Wartburg College Health Clinic.

**Medical or Health Concerns (please check any that apply to you and explain below)**

Abnormal Bleeding	Depression	Hepatitis	Scoliosis
Anemia	Diabetes	Heat stroke/Sun stroke	Seizures
Anxiety	Disability	Hernia	Sickle Cell Trait
Arthritis	Ear Trouble/Hearing Loss	High Blood Pressure	Single Organ
Asthma	Eating disorders	High cholesterol	Sinus Trouble
ADD/ADHD	Eye trouble/visual loss	Intestinal/Stomach Trouble	Spleen (surgical removal)
Cancer	Fractures (including stress)	Joint injury (sprain/dislocation)	Syncope/Fainting
Chest Pain	Genetic disorder	Kidney Disease	Thyroid disease
Chicken Pox	Headaches (recurrent)	Mononucleosis	Tobacco use
Concussion/Head Injury	Heart Murmur	Orthopedic problem (chronic)	Tuberculosis
Conclusive Disorder	Heart Problems (other)	Rheumatic fever	Undescended testicle
			Other:

**Explanation(s):**

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Have you ever been hospitalized or had any serious illness or injury? Y N (if yes, please explain)

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Have you ever had surgery? Y N (if yes, please explain)

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Have you ever received or are you now receiving treatment or counseling for mental health reasons or alcohol/drug problems? Y N (if yes, please explain)

## Family Health History

medical/emotional condition (alive/ deceased)

Father:
Mother:
Siblings:

Agreement for Shared Information 2008-09  
&  
Health Information Privacy and Security Policy  
&  
Acknowledgement for Receipt of Notice of Privacy Practices

I consent to the release of my protected healthcare information for purposes of carrying out treatment, payment and performing healthcare options. I have the right to request restrictions on how my protected healthcare information is released for the purposes of carrying out treatment, payment or performing healthcare options. I understand that Wartburg College/Noah Campus Clinic has no obligation to agree to such restrictions. It is the policy of Wartburg College and the Noah Campus Clinic to comply with all federal and state laws and regulations that require personal health information of our employees and/or students to be kept confidential and private.

Wartburg College and the Noah Campus Clinic are committed to protecting the privacy and security of personal health information concerning our employees and students. This policy is designed to assure Wartburg College and the Noah Campus Clinic's compliance with all applicable federal and state laws and regulations that require an individual's personal health information to be kept confidential and private.

Applicable Laws and Regulations:

Iowa Code Chapter 22.7(2) and 228.

FERPA (Family Educational Rights and Privacy Act) 20 U.S.C. 1232(g) and 34 CFR Part 99.

HIPAA (Health Insurance Portability and Accountability Act) 42 U.S.C. 1320 (d) and 45 CFR Parts 160 and 164.

I acknowledge that the Notice of Privacy Practices for Wartburg College and the Noah Campus Clinic has been made available to me.

**I agree that Wartburg College can share health information with the Noah Campus Health Clinic, and that the Noah Campus Health Clinic can also share health information with Wartburg College.**

Print Name: \_\_\_\_\_

ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Campus Box: \_\_\_\_\_ Personal Phone#: \_\_\_\_\_

Signature of parent/guardian (if student is under the age of 18):

\_\_\_\_\_

Date: \_\_\_\_\_