GRAND VIEW UNIVERSITY

Student Health History

Fill out completely and upload to the Student Patient Portal: https://grandview.medicatconnect.com. Contact Student Life at 515-263-2800 with questions.

To be completed by ALL STUDENTS.

Name _____ Student ID _____
Last First MI

Date of Birth _____ Sport (if athlete) _____ Gender Identity ❑ Male ❑ Female

Home Address _____
Street

_____
City State Zip

Student Cell Number _____ Year in School ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior

Emergency Contact _____ Emergency Contact Phone _____

Health Care Provider _____

Medical History

Have you ever had any of the following? Respond to every item and elaborate below on all items marked yes.

ALL STUDENTS	Yes	No
Hospitalized	❑	❑
Surgery	❑	❑
High blood pressure	❑	❑
Heart murmur	❑	❑
Racing heart/skipped heartbeats	❑	❑
Seizure, 'fit' or epilepsy	❑	❑
Eye or vision problems	❑	❑
Other medical problems (infectious mononucleosis, diabetes, anemia, etc.)	❑	❑
Presenty under doctor's care	❑	❑

	Yes	No
Current medication or pills	❑	❑
Allergies (medicine, bees, etc.)	❑	❑
Skin problems (itching, rash, acne)	❑	❑
Trouble breathing or cough during or after exercise	❑	❑
Glasses or contacts	❑	❑
Diagnosed with depression, anxiety or other mental health illness	❑	❑
Concerns about your weight in the past year	❑	❑

ATHLETES ONLY	Yes	No
Dizzy during or after exercise	❑	❑
Chest pain during or after exercise	❑	❑
Head injury	❑	❑
Knocked out or unconcsious	❑	❑
Stinger, burner or pinched nerve	❑	❑
Heat cramps, heat illness or muscle cramps	❑	❑
Sprained, strained, dislocated, fractured, broken or repeated swelling or other injuries of bones or joints	❑	❑

	Yes	No
Medical problem or injury since last evaluation	❑	❑
Missing an eye, kidney or testicle	❑	❑
Use special equipment (pads, braces, eye guard, etc.)	❑	❑
Anyone in your family…		
Died of heart problems or sudden death before age 50	❑	❑
Had Marfan's Syndrome	❑	❑

Females only First menstrual period? _____

Last menstrual period? _____ Longest time between your periods last year? _____

When was your last tetanus shot? _____

Please explain any **YES** answers: _____

_____

_____

Medications: List all current medications and how often it is taken _____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Student Signature _____ Date _____

Immunizations

Attach a copy of your most up-to-date immunization record.

Required and Recommended Vaccinations:

Measles/Mumps/Rubella (MMR) – first vaccine must be after age one; second vaccine must be at least 28 days after first vaccine
Meningitis (Menactra) – one dose age 16 or older
COVID-19

International Students ONLY: TB (Tuerculosis) Screening

❑ Vaccination record received. MMR dates: _____ Meningitis (Menactra) date(s): _____

❑ Vaccination record not provided to Grand View University as requested.