

PERSONAL HISTORY – PLEASE ANSWER ALL QUESTIONS.

Comment on all positive answers under remarks.

HAVE YOU HAD?	Yes
Allergy to:	
Penicillin	
Sulfonamides	
Peanuts	
Bees, wasps	
Other	
Specify:	
Infectious mononucleosis	
Tropical disease - specify	
Chicken pox/Varicella	
Respiratory disorders including asthma	
High blood pressure	
Diabetes, thyroid, endocrine problems	
Stomach or intestinal disorders	
Blood disorders including anemia	
Headaches/migraines	
Menstrual cycle disorders	
Current prescription medicines – list	
Current vitamins or supplements - list	

HAVE YOU HAD	Yes
Surgery or serious injury	
Chronic medical condition - specify	
Vision, corrective lens	
Cancer	
Heart disease	
Serious head injury	
Hepatitis B	
Hepatitis C	
Kidney disease	
Neurological disorder	
Depression/anxiety	
Other psychological problem	
Seizure disorder	
Organ loss	
Current non-prescription medicines - list	

REMARKS OR ADDITIONAL INFORMATION: _____

Are you capable of participation in a full program of activities? _____ Yes _____ No
 Is there anything additional about your health that we should know? _____ Yes _____ No
 Are you now under treatment with medication for any medical or emotional condition?
 _____ Yes _____ No
 If "yes", please explain _____

Do you have a disability that may require an academic or another type of accommodation to enable you to participate in this program? _____ Yes _____ No
 If yes, please contact Van D. Westervelt, PhD or Michael Shuman, MEd at the Learning Assistance Center, P.O. Box 7283 Reynolda Station, Winston-Salem, NC 27109, (336) 758-5929, to make your accommodation request.

Signed: _____ Date: _____
 Student, Parent or Guardian