



In the Swannanoa Valley
of the Blue Ridge Mountains

STUDENT HEALTH RECORD

Warren Wilson College
Admission Office
P.O. Box 9000,
Asheville, NC 28815-9000

Please note: You will not be allowed to register for classes until this record is received by the Health Center, this information will be kept in confidence.

Student's Name: _____
first middle last

Date of Birth: _____
month date year

Parent/Guardian's Name: _____

Sex: _____

Address: _____

Status: First Year _____ Transfer _____

Date _____

Parent/Guardian's Telephone: (____) _____

Insurance Company Name _____

Policy # _____

Policy Holders Name _____

Medical History (To Be Completed By The Student)

Indicate with one of the symbols whether you have ever had any of the following conditions: (Y for Yes; N for No)

- ___ Allergies (hay fever, sinus, etc.)
- ___ Diabetes
- ___ Dizziness/Fainting
- ___ Heart Murmur
- ___ Headaches
- ___ Tuberculosis

- ___ Do you smoke?
- ___ # of Packs per day
- ___ High Blood Pressure
- ___ Infectious Mononucleosis
- ___ Kidney Infection/Disease
- ___ Bladder Infection/Disease

- ___ Seizures
- ___ Asthma

Women Only:

- ___ Irregular Periods
- ___ Severe Cramps

Serious Injuries: _____

Chronic/Serious Illnesses: _____

Operations: _____

List any medications you are now taking: _____

List any known drug sensitivity, allergies, or reactions: _____

Have you ever had any psychological/psychiatric treatment? _____

Have you ever been hospitalized for psychiatric reasons? _____

Have you ever been in an alcohol or other drug treatment program? _____

Have you ever interrupted school or work either because of mental or emotional illness or after psychiatric consultation? _____

Physician Examination (To Be Completed In Its Entirety By A Physician/PA)

Note: This form must be completed in its entirety. Please review the student's history before completing the physical examination.

Height: _____ (inches) Weight: _____ (lbs.)

Blood Pressure: ____/____ Pulse: _____ (min.)

Vision: corrected: right: 20/____ left: 20/____

Hearing: left: ____ right: ____

uncorrected: right: 20/____ left: 20/____

Are there abnormalities in the following systems? Please describe fully using additional space if necessary (Y for Yes; N for No).

Please comment on all yes answers to the following questions:

- ___ Head, Ears, Nose, Throat
- ___ Respiratory
- ___ Eyes
- ___ Gastrointestinal
- ___ Hernia
- ___ Genitourinary
- ___ Musculoskeletal
- ___ Metabolic/Endocrine
- ___ Neuropsychiatric
- ___ Cardiovascular

Comments/Description: _____

North Carolina State Law Requires Immunizations of ALL college students. Therefore, immunization records must be complete and on file with the WWC Health Center prior to registration. No form, no registration.

Hemoglobin: _____ Urinalysis: _____ Date of Meningococcal Vaccine: _____

Date of Mantoux Tuberculin Test: _____ Result: _____ Date of Chest X-Ray: (if indicated) _____

