Averett University Health Services
420 West Main Street
Danville, VA 24541
Phone (434) 791-5718
Health@Averett.edu

Health History Form

The Code of Virginia Law requires all students enrolled in institutions of higher education to complete a Health History form for the institution.

Instructions

- **Complete all questions and return to Averett University Health Services by August 30th for Fall and Jan 17th for Spring**

Name _____ Student PID _____
Last First MI

Date of Birth _____/_____/_____ Age _____ Sex _____
Month Date Year

College Entrance Date _____ Admission Status ☐First Time ☐Transfer ☐Readmit

Home Address _____
Street

_____
City State Zip Code

Home Phone _____ Cell Phone _____

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Address (if different from above)_____

Health Insurance

Health insurance is **required** for all full-time students while attending Averett University. Students **must** complete the online waiver providing proof of health insurance or enroll in the University Plan and will be billed accordingly.

Insurance Company Name _____

Policy Number _____ Group Number _____

Telephone Number _____

Employer _____

Policy Holder Information

Name _____ Date of Birth _____/_____/_____
Last First MI Month Date Year

Personal Medical History

Have you ever had any of the following? (Must answer all questions)

Abnormal Bruising No ☐ Yes ☐	ADD/ADHD No ☐ Yes ☐	Anemia No ☐ Yes ☐
Asthma/Bronchitis No ☐ Yes ☐	Cancer No ☐ Yes ☐	Chickenpox No ☐ Yes ☐
Depression/ Anxiety No ☐ Yes ☐	Diabetes No ☐ Yes ☐	Eating Disorder No ☐ Yes ☐
Epilepsy/Seizures No ☐ Yes ☐	Fainting Spells/ Dizziness No ☐ Yes ☐	Fatigue No ☐ Yes ☐
Frequent Cold/ Sinus Infections No ☐ Yes ☐	Hay Fever/ Seasonal Allergies No ☐ Yes ☐	Head Injury/ Concussion No ☐ Yes ☐
Hearing Problems No ☐ Yes ☐	Heart Disease/ Heart Murmur No ☐ Yes ☐	Hepatitis No ☐ Yes ☐
Hypertension No ☐ Yes ☐	Irritable Bowel/ Spastic Colon No ☐ Yes ☐	Menstrual Problems No ☐ Yes ☐
Obesity No ☐ Yes ☐	Migraines/ Chronic Headaches No ☐ Yes ☐	Mono No ☐ Yes ☐
Bladder/Kidney Problems No ☐ Yes ☐	Pelvic Infections/ STI's No ☐ Yes ☐	Pneumonia No ☐ Yes ☐
Thyroid Disease No ☐ Yes ☐	Scoliosis No ☐ Yes ☐	Sickle-Cell Disease/Trait No ☐ Yes ☐
Tuberculosis/ Lung Disease No ☐ Yes ☐	Mental Health Issues No ☐ Yes ☐	Suicidal Thoughts No ☐ Yes ☐

Details of above, if necessary:

_____

_____

List any illness/condition, not listed above:

_____

_____

List any serious injuries, hospitalizations, illnesses or operations, please include date:

_____

_____

Other: Anything you wish to notify Health Services RN to know that has not already been reported?

_____

_____

Social History (mark all that apply)

□Tobacco □Former smoker □Vaping □Marijuana □Illicit drug use □Alcohol

Current Medication List (prescription, over the counter, vitamins, herbal supplements, performance enhancer, etc.)

Medication Name	Dosage	When Taken (daily, weekly, monthly)

Allergies to medications? □Yes □No List names and specify reaction in space below.

_____

_____

Allergies to food and environmental substances? □Yes □No List and specify reaction in space below.

_____

_____

Permission for Treatment

I hereby authorize the Director of Health Services RN and authorized staff of Averett University Health Services to assess, interview, test and if necessary provide treatment to myself/my son/my daughter as deemed advisable. In emergency circumstances, you/your son/your daughter may be transported to an area hospital for diagnosis and treatment. You/your son/your daughter may be referred to a local provider or urgent care for non-emergent circumstances based on assessment findings by Director of Health Services RN. (Parental permission or consent of a legal guardian must be obtained to provide medical care to minors.)

_____ _____ _____

Student Signature Print Name Date

_____ _____ _____

Parent/Guardian Signature (if under 18 at time of enrollment) Print Name Date

_____

Relationship

All information contained on the Health History Form is intended for medical services only and will be maintained as confidential information in your student health record. The information will not be released without your written consent, except in cases of life threating emergencies.

Return Form to:
Averett University Health Services
Health@averett.edu