



## Personal Health History

Please print off this form, fill it out, and submit on your Portal, Registration Checklist, under Health Documents, and click on the blue Upload button, or see address and fax information at the end of this form.

### Applicant

Name (Please Print): \_\_\_\_\_  
First Middle Last

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

Current Age: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Current Country of Residence: \_\_\_\_\_

Email of Applicant: \_\_\_\_\_

While attending Union, I will live: In the residence hall \_\_\_ Off campus \_\_\_

Intended Major: \_\_\_\_\_

College Class Standing:

Freshman(0-23 credits) \_\_\_ Sophomore(24-55 credits) \_\_\_ Junior(56-91 credits) \_\_\_ Senior(92+ credits) \_\_\_

### Parents or Legal Guardian

Name(First and Last): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal: \_\_\_\_\_

Country: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Marital Status of Applicant**

Single\_\_\_ Married\_\_\_ Divorced\_\_\_ Widowed\_\_\_

**Gender at birth:**

Male\_\_\_ Female\_\_\_

**Current Gender Identificaion:**

Male\_\_\_ Female\_\_\_ Other:\_\_\_\_\_

Please Print

**Height**

Feet\_\_\_\_\_ Inches\_\_\_\_\_

**Weight (In pounds)** \_\_\_\_\_

**Do you have any known allergies?**

Yes\_\_\_ No\_\_\_

If yes, please list all known allergies including medication, food, environmental: \_\_\_\_\_

**Have you ever been sent to the hospital for an allergic reaction?**

Yes\_\_\_ No\_\_\_

List all current, routine medication you are taking, including vitamins/supplements: \_\_\_\_\_

**Do you have a history of ever having the following:**

Asthma: Yes\_\_\_ No\_\_\_ If yes, do you have an inhaler to use if needed? \_\_\_\_\_

Pneumonia: Yes\_\_\_ No\_\_\_

**Have you ever had the following:**

Chickenpox: Yes\_\_\_ No\_\_\_ If yes, please give month and year \_\_\_\_\_

Measles (Red): Yes\_\_\_ No\_\_\_

German Measles: Yes\_\_\_ No\_\_\_

Mumps: Yes\_\_\_ No\_\_\_

Have you ever travelled internationally for longer than 4 weeks? Yes\_\_\_ No\_\_\_

**Have you ever been diagnosed with a concussion?**

Yes\_\_\_ No\_\_\_

If yes, please describe date and how you experienced this \_\_\_\_\_

**Have you ever experienced multiple concussions?**

Yes\_\_\_ No\_\_\_ If yes, How many have you been diagnosed with? \_\_\_\_\_

Please answer the following questions if you feel comfortable doing so in order for us to best serve your health needs.

**Physical Conditions/Diagnoses - This could include any fainting/blacking out episodes, heart conditions, severe recurring headaches (migraines), seizures, surgeries, GI issues i.e. Crohn’s, broken bones, or any other physical condition you have had – Please include dates of diagnosis or occurrence if possible:**

\_\_\_\_\_  
\_\_\_\_\_

**Mental Health Condition/Diagnoses - This could include any feelings of loneliness, isolation you experience, feeling depressed or anxious, having trouble sleeping, having thoughts of harming yourself, being hospitalized for attempts of self-harm and when that occurred etc...**

\_\_\_\_\_  
\_\_\_\_\_

**Would you consider support from a mental health counselor to be helpful to your current circumstances?**

Yes\_\_\_ No\_\_\_

Union College does have a full-time mental health counselor on staff. Please feel free to reach out to us in Campus Health at 402-486-2554 or [campushealthnurse@ucollege.edu](mailto:campushealthnurse@ucollege.edu) if you would like more information regarding how to contact the counselor.

**Do you feel your current state of health (physical or mental) is interfering with your daily activity?**

Yes\_\_\_ No\_\_\_

If yes, have you ever discussed your circumstances with your family medical provider?

Yes\_\_\_ No\_\_\_

**Must you limit your physical activity?**

Yes\_\_\_ No\_\_\_

**Do you consider yourself to have a physical disability?**

Yes\_\_\_ No\_\_\_

If yes, please describe: \_\_\_\_\_

Union College honors Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 and as amended in 2008. If you think you might qualify for disability/accessible accommodations please contact the Teaching Learning Center/Accessibility Office at 402-486-2506 or [tlc@ucollege.edu](mailto:tlc@ucollege.edu).

**Signature of applicant indicating that the above information is true and accurate to their knowledge:**

\_\_\_\_\_ Today's Date: \_\_\_\_\_

Immunization Records may be uploaded on the Registration Checklist under Health Documents on your portal.

**All personal health information is considered private as described by the HIPAA and FERPA guidelines that govern health offices of secondary educational places of learning. We sincerely care about you. Please contact us at any time with health questions or concerns you may have about yourself.**

Union College Campus Health  
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Fax: 402.486.2564