



HEALTH HISTORY (p. 2 of 2)

Hospitalization/Surgeries: _____

Date of last dental exam: _____

Do you require accommodations for disability or accessibility? YES NO

If YES, please provide details of the accommodation(s) required: _____

*YOU MUST ALSO CONTACT THE OFFICE OF ACCESS & ACCOMMODATIONS TO REQUEST ACCOMMODATIONS
(585) 594-6270

FAMILY HISTORY (indicate relationship on the line)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol/Drug Abuse _____ | <input type="checkbox"/> Elevated Cholesterol _____ | <input type="checkbox"/> Bipolar Disorder _____ |
| <input type="checkbox"/> Cancer (type) _____ | <input type="checkbox"/> Heart Disease _____ | <input type="checkbox"/> Schizophrenia _____ |
| <input type="checkbox"/> Death Before 50 _____ | <input type="checkbox"/> Hypertension/Stroke _____ | |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Anxiety/Depression _____ | |

Describe any additional diseases or medical problems that run in your family: _____

MENTAL HEALTH & SUBSTANCE USE

Have you ever been diagnosed, sought counseling, or prescribed medication for mental health? YES NO

Have you ever been hospitalized for mental health or substance related reasons? YES NO

Do you use tobacco? YES NO Do you drink alcohol? YES NO Do you use recreational drugs? YES NO

Describe any YES responses: _____

I attest that this General Health History form is complete and accurate, to the best of my knowledge.

Student's Name (Print)

Student's Date of Birth

Student's Signature

Today's Date

Students Under 18

Parent/Guardian Name (Print)

Relationship

Parent/Guardian Signature

Today's Date



Tuberculosis (TB) Screening

- Yes No Have you ever had close contact with persons known or suspected to have active TB disease?
- Yes No Have you ever had close contact with anyone who was sick with TB?
- Yes No Were you born outside of the United States? If yes, please CIRCLE the country below:

Afghanistan	Colombia	Guyana	Morocco	Singapore
Algeria	Comoros	Haiti	Mozambique	Solomon Islands
Angola	Congo	Honduras	Myanmar	Somalia
Anguilla	Côte d'Ivoire	India	Namibia	South Africa
Argentina	Democratic People's	Indonesia	Nauru	South Sudan
Armenia	Republic of Korea	Iraq	Nepal	Sri Lanka
Azerbaijan	Democratic Republic of	Kazakhstan	Nicaragua	Sudan
Bangladesh	the Congo	Kenya	Niger	Suriname
Belarus	Djibouti	Kiribati	Nigeria	Tajikistan
Belize	Dominican Republic	Kyrgyzstan	Niue	Thailand
Benin	Ecuador	Lao People's	Northern Mariana Islands	Timor-Leste
Bhutan	El Salvador	Democratic Republic	Pakistan	Togo
Bolivia	Equatorial Guinea	Lesotho	Palau	Tunisia
Bosnia and Herzegovina	Eritrea	Liberia	Panama	Turkmenistan
Botswana	Eswatini	Libya	Papua New Guinea	Tuvalu
Brazil	Ethiopia	Lithuania	Paraguay	Uganda
Brunei Darussalam	Fiji	Madagascar	Peru	Ukraine
Burkina Faso	French Polynesia	Malawi	Philippines	United Republic of Tanzania
Burundi	Gabon	Malaysia	Qatar	Uruguay
Cabo Verde	Gambia	Maldives	Republic of Korea	Uzbekistan
Cambodia	Georgia	Mali	Republic of Moldova	Vanuatu
Cameroon	Ghana	Marshall Islands	Romania	Venezuela (Bolivarian
Central African Republic	Greenland	Mauritania	Russian Federation	Republic of)
Chad	Guam	Mexico	Rwanda	Vietnam
China	Guatemala	Micronesia (Federated	Sao Tome and Principe	Yemen
China, Hong Kong SAR	Guinea	States of)	Senegal	Zambia
China, Macao SAR	Guinea-Bissau	Mongolia	Sierra Leone	Zimbabwe

**High-burden TB countries are countries with TB incidence rates of ≥ 20 cases per 100,000 population. High-burden country data obtained from 2023 WHO Global Tuberculosis Report and reflects 2022 data.*

- Yes No Have you had frequent or prolonged visits* to one or more of the countries/territories above with a high prevalence of TB disease? (If yes, CHECK the countries/territories). **The significance of the travel exposure should be discussed with a health care provider and evaluated.*
- Yes No Have you been a resident, volunteer, and/or employee of any high-risk congregate settings (e.g., correctional facilities, long-term care facilities, homeless shelters)?
- Yes No Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?
- Yes No Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease - medically underserved, low-income, or abusing drugs or alcohol?

If the answer is YES to any of the above questions, Roberts Wesleyan University requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. If you have already had your TB test done, please enter the date and results below, and provide supporting documentation.

If the answer to all the above questions is NO, no further testing or further action is required.

PPD **Please provide supporting documentation from a medical professional/lab*

Test Date: _____ Result Date: _____ Result: _____ Induration (mm): _____

If you have had any other types of testing for TB or have been treated for TB, please contact the Wellness Center at (585) 594-6360 for further information.

Student's Signature (or parent/guardian)

Today's Date