

MEDICAL HISTORY

N S U
Northeastern State University

(To be completed by student prior to
physical examination)

Student History/Physical Exam
Standard Form SR-80

Name _____ Age _____ Sex _____
(last) (first) (middle)

College _____ Fr _____ Soph _____ Jr _____ Sr _____ Uncl _____ Grad _____ DOB _____

School Address _____ Phone _____

Parent _____, Guardian _____, Spouse _____ Name _____ Phone _____

Permanent address _____

Hospital or Medical Care Insurance _____

1. FAMILY HISTORY LISTED BELOW

Relation	Age	State of Health	If Dead, Cause of Death	Age of Death
Father				
Mother				
Spouse				
Brothers/Sisters				
Children				

2. Has any parent, brother or sister had any serious illnesses? Yes _____ No _____
(if yes, please list relative and illness) _____

3. Have you ever had or do you now have any serious medical or mental illness? Yes _____ No _____
(if yes, please list illness and age of occurrence) _____

4. Have you ever had any operation? Yes _____ No _____
(if yes, describe and give age at which occurred) _____

5. Are you allergic to any medications? Yes _____ No _____
(if yes, list medications) _____

Note: Upon written request, a copy of this form may be forwarded to NSU Health Services

