

CONFIDENTIAL MEDICAL HISTORY  
 (Bandcamp Students)  
 UNIVERSITY OF RIO GRANDE  
 218 No. College Avenue, Rio Grande, OH 45674

Today's Date	Social Security Number	Birth Date	
LAST NAME (Please Print)	FIRST	MIDDLE	
ADDRESS (Street and Number)	City or Town	State	Zip Code
PHYSICIAN'S NAME		AC(     )	TELEPHONE NUMBER
EMERGENCY (Person to be Notified)		RELATIONSHIP	
ADDRESS (Person to be Notified)		AC(     )	TELEPHONE NUMBER

YOUR MEDICAL HISTORY INCLUDES:	YOU	NO	YES	
Allergies.....	( )	( )	( )	
Medicinal.....	( )	( )	( )	
Other.....	( )	( )	( )	
Arthritis.....	( )	( )	( )	
Asthma or Hay Fever.....	( )	( )	( )	
Back Problems.....	( )	( )	( )	
Bleeding Tendency.....	( )	( )	( )	
Cancer.....	( )	( )	( )	
Chronic Lung Disease.....	( )	( )	( )	
Convulsions.....	( )	( )	( )	
Diabetes.....	( )	( )	( )	
Eye Defects.....	( )	( )	( )	
Hearing Defects.....	( )	( )	( )	
Heart Disease.....	( )	( )	( )	
High Blood Pressure.....	( )	( )	( )	
Kidney Disease.....	( )	( )	( )	
Limited Physical Activity.....	( )	( )	( )	
Nervous or Mental Disease.....	( )	( )	( )	
Present Condition requiring care by a physician.....	( )	( )	( )	
Recent Surgery.....	( )	( )	( )	
Recurrent Headaches.....	( )	( )	( )	
Rheumatic Fever.....	( )	( )	( )	
Serious Illness.....	( )	( )	( )	
Serious Injury.....	( )	( )	( )	
Stomach or Intestinal Trouble.....	( )	( )	( )	
Taking Medication Regularly.....	( )	( )	( )	
Thyroid Disorder.....	( )	( )	( )	
Tuberculosis.....	( )	( )	( )	

**Please Explain all YES Answers**