

Georgetown University Hospital

MEDICAL QUESTIONNAIRE FORM

Students, you must bring to Washington:

1. This form (Medical Questionnaire) - Completed & Signed
2. Consent for Treatment Form - Completed & Signed
3. Insurance Card (or copy of front and back)

Last Name _____ First Name _____ DOB _____

Height ft _____ in. _____ Weight _____ lbs. Date of last tetanus booster _____

Yes No

- Do you have difficulty with mobility and/or require assistance to walk such as a wheelchair, crutches, or cane?
Describe _____
- Do you take any prescription or nonprescription medications regularly? Specify _____
Do you have or have you had in the past any of the following?
- A. Any orthopedic problems (acute or chronic sprains, casts)? Date Describe _____
- B. Cerebral palsy or other physically debilitating ailment such as MS, JRS, SLE, MD?
Describe _____
- C. Any allergies severe enough to cause a reaction, such as hay fever or allergies to cigarette smoke, food, bee stings, or other insect bites? Any known drug allergies? Date of Reaction, Describe _____
- D. Professional help, evaluation, testing, or hospitalization for a physical or mental condition?
Describe _____
- E. Any history of seizures, epilepsy, or convulsive disorder (controlled or not)? Describe _____
- F. Any gastrointestinal disorders such as nervous stomach, ulcer, or colitis? Describe _____
- G. Impaired hearing or deafness, significant loss of sight, or legal blindness? Describe _____
- H. Recent operations or significant operations in the past? Describe _____
- I. Asthma or any other problem of the respiratory or cardiac system? Describe _____
- J. Diabetes? Date Specify insulin type, dose, frequency, and testing method.
Describe _____
- K. Are you pregnant? Due Date _____
- L. Any other chronic conditions? Please be specific _____

I hereby certify that to the best of my knowledge the above information is complete and accurate.

Signature of Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Relationship to Student