

**The University of Iowa  
Student Health & Wellness**

**Health Science Student Form**

The University of Iowa Student Health & Wellness requests this information on behalf of the UI Health Science Colleges for the purpose of patient care. This is confidential medical information and SHW does not routinely provide this information without written consent.

**DATE:**

**NAME:**

**STUDENT ID#:**

**BIRTHDATE:**

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**HEALTH SCREEN:**

Age: \_\_\_\_\_ Place of birth \_\_\_\_\_ Gender: F, M or T (circle)

NO YES Are you currently being treated by a health care professional for any condition(s)? \_\_\_\_\_  
\_\_\_\_\_

NO YES Are you taking any medications regularly or as needed (other than aspirin/Tylenol?) \_\_\_\_\_  
\_\_\_\_\_

**Medical History**

NO YES Contagious skin rashes \_\_\_\_\_

NO YES Other than at birth, have you ever had hepatitis or other liver disease? List: \_\_\_\_\_

NO YES Do you have any other medical conditions not mentioned above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Student Signature

Date

I have screened this patient and found them to be free of communicable illness.

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MD, DO, ARNP, PA or RN Signature

Date

**STUDENT HEALTH & WELLNESS**  
4189 Westlawn, Iowa City IA 52242  
Ph: 319.335.8370 Fax: 319.335.7247