HEALTH SCREEN:

Age: ______ Place of birth ________________________________

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? ________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student Signature                                                                                                   Date

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

MD, DO, ARNP, PA or RN Signature                                                                 Date

University of Iowa

Student Health

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