



Impact Campus Ministries Medical History Form

Medical Conditions Requiring Treatment or Follow-up:

Surgeries _____

Psychological (including outpatient therapy) _____

Hospitalizations _____

Medications _____

Allergies (including drugs) _____

Other (Please explain any current activity, if none, leave blank):

Tobacco _____

Alcohol _____

Drugs _____

Physical Disciplines:

Exercise _____

Sleep _____

Immunizations:

Up-to-date immunizations _____

Active Health Problems (Please explain any current problems, if none, leave blank):

Heart _____

Respiratory _____

High Blood Pressure _____

Stomach _____

Head _____

Back _____

Neck _____

Joints _____

Seizures _____

Fainting Spells _____

Sleeping Disorder _____

Other _____