

Student Health Assessment Form

STUDENT INFORMATION

Name (print last, first, middle)		Birth Date	Phone
Address		City	Province
			Postal Code

PERSONAL HEALTH HISTORY – Please mark yes if you are receiving medical treatment presently or within the past 6 months

	Yes	No		Yes	No		Yes	No
Back Injuries	{ }	{ }	Heart Disease	{ }	{ }	Permanent limitation from illness, disease, or injury	{ }	{ }
Seizures, fainting, dizziness	{ }	{ }	Stomach Ulcer	{ }	{ }		{ }	{ }
Any type allergies	{ }	{ }	Skin Disease	{ }	{ }		{ }	{ }
Circulatory Disorder	{ }	{ }	Hearing difficulty	{ }	{ }		{ }	{ }
Any type Hepatitis, jaundice	{ }	{ }	Kidney disease	{ }	{ }		{ }	{ }
Nervous system disorder	{ }	{ }	Muscular disease	{ }	{ }		{ }	{ }
Respiratory disease	{ }	{ }	Cognitive disorder	{ }	{ }		{ }	{ }
High Blood Pressure	{ }	{ }	Hernia	{ }	{ }		{ }	{ }
Arthritis, gout, joint disease	{ }	{ }	Diabetes	{ }	{ }		{ }	{ }
Cancer	{ }	{ }	Headaches	{ }	{ }		{ }	{ }
						Stomach, gall bladder trouble	{ }	{ }
						Nerve damage	{ }	{ }
						Carpal tunnel	{ }	{ }
						Previous broken bones/sprains	{ }	{ }
						Women-pregnant at this time	{ }	{ }
						Joint Pain	{ }	{ }
						Muscle Pain	{ }	{ }

Foot Health

If any of the following are present on the foot or skin, please get it checked out and begin treatment before beginning the program. If any of the following are present during the program we can guide you to take precautions to prevent spread.

Wart Corn Athletes Foot Nail Fungus Excessive Foot Odour Foot Sweating

Will any of the above prevent you from starting or finishing the program? { } Yes { } No

If answer to any of the above is yes, please explain:

Medication Allergies _____

Would you say your present health is: { } Excellent { } Good { } Fair { } Poor

If you have marked yes in any part of the personal health history, VSOHA highly recommends that you consult with a physician before starting the program and by signing below you understand this recommendation.

**Signature of Applicant _____ Date: _____

**By typing your name in the Signature space, you agree to an eSignature.