



Health Services Office

5000 Deer Park Dr. SE  
Salem, OR 97317-9392

Phone: 503.375.7010 x2181  
Fax: 503.585.4316

# Comprehensive Student Health and Disability Report HEALTH HISTORY

Last Name First Middle

Name of parent, guardian or spouse

Campus / Local Address, if known

Home Address

City State Zip

City State Zip

Phone Sex:  Male  Female

Student's state or country of birth

Program

Date of Birth Age Date Entering Corban

IN CASE OF EMERGENCY NOTIFY:	
Name	Relationship
Phone	

## PERSONAL AND FAMILY HISTORY

(check "Yes" answers only)

You Family Please Explain

Asthma			
Allergies / Environmental			
Migraines			
Diabetes			
Gastrointestinal Disorder			
Hepatitis			
Anemia or Blood Condition			
Heart Disease			
High Blood Pressure			
Kidney Disease			
Cancer			
Immunocompromising Condition			
Rheumatoid Arthritis			
Seizure Disorder			
Tuberculosis			
Head Injury / Concussion			
Hearing Loss			
Vision Impairment			
Mobility Limitations			
Depression			
Anxiety			
Bulimia / Eating Disorder			
ADD / Learning Disability			
Alcohol / Drug Counseling or Treatment			
Autism/Asperger's			

Allergies to medication \_\_\_\_\_

Prior hospitalizations (include residential and inpatient treatment) \_\_\_\_\_

Disability or condition that required accommodations in the past or that interferes with schoolwork \_\_\_\_\_

**To be evaluated for accommodations contact Office of Student Support 503.375.7012**

Drugs / Medicines you use regularly (includes contraceptives, herbal medicine) and conditions they treat \_\_\_\_\_

Mental health and medical conditions currently under treatment \_\_\_\_\_

Women: Date of last pap \_\_\_\_\_