

**The University of Iowa
Student Health Service
(SHS)**

Health Science Student Form

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

DATE:

NAME:

STUDENT ID#:

BIRTHDATE:

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? _____

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

STUDENT HEALTH SERVICE
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