# ALABAMA FIRE COLLEGE

## HEALTH INFORMATION FORM

Name: ______________________ Course: ______________________

SSN: ______________________ DOB: ______________________

Height: __________ Weight: __________ Age: ________ Sex: M_____ F_____

*The information obtained from this document is intended for medical use only in the event you become ill or injured during the course of training and for medical screening purposes that might preclude your participation in training at the Alabama Fire College. The information contained is privileged medical information and for the expressed use of the Medical Staff of the Health Care Institution you might be referred to for any acute care.*

| MEDICAL HISTORY/ILLNESS: Do you have or have you ever had? (Please check yes or no) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Yes** | **No** | | **Yes** | **No** | | **Yes** | **No** |
| **Cardiovascular (Heart)** | | | **Neurological** | | | **Musculoskeltal** | | |
| *Angina* | | | *Concussion* | | | *Arthritis* | | |
| *Congestive Heart Failure* | | | *Dizziness/Fainting Spells* | | | *Back Injury* | | |
| *Heart Attack* | | | *Loss of consciousness* | | | *Broken Bones* | | |
| *Heart Rhythm Problems* | | | *Migraine Headaches* | | | *Bursitis* | | |
| *High Blood Pressure* | | | *Seizures* | | | *Other: **Specify*** | | |
| *Pacemaker* | | | *Stroke* | | | | | |
| *Palpitations* | | | *Other: **Specify*** | | | | | |
| *Other: **Specify*** | | | | | | **Eyes/Ears/Nose/Throat** | | |
| | | | | | | *Blindness* | | |
| | | | **Pulmonary (Lungs)** | | | *Color Blindness* | | |
| **Gastrointetinal** | | | *Asthma* | | | *Sinusitis* | | |
| *Bleeding Ulcers* | | | *Chronic Bronchitis* | | | *Other: S **pecify*** | | |
| *Peptic Ulcers* | | | *Collapsed Lung(s)* | | | | | |
| *Bleeding from Rectum* | | | *COPD* | | | | | |
| *Hepatitis* | | | *Pneumonia* | | | **Surgeries** | | |
| *Gallstones* | | | *Other: **Specify*** | | | *Angioplasty* | | |
| *Other: **Specify*** | | | | | | *Appendectomy* | | |
| | | | | | | *Back Surgery* | | |
| | | | **Blood** | | | *Cholycystectomy* | | |
| **Endocrine** | | | *Anemia* | | | *Coronary Bypass* | | |
| *Diabetes* | | | *Clotting Disorder* | | | *Hip* | | |
| *Other: **Specify*** | | | *Other: **Specify*** | | | *Open Fractures:* | | |
| | | | | | | *Other: **Specify*** | | |
| | | | | | | | | |

| MEDICATIONS (List) | | ALLERGIES (List) |
|---|---|---|
| **NAME** | **DOSAGE** | |
| | | |
| | | |
| | | |

Any history of heat related injury/illness? ______ (yes/no)
If so, to what extent?

Are you currently a smoker/smokeless tobacco user? ______ (yes/no)

Student Signature ________________________________________

Witness ________________________________________