

University of Mary Washington

1301 College Avenue, Fredericksburg VA 22401
Student Health Center – Lee Hall 112
Phone 540-654-1040, FAX 540-654-1077
<https://students.umw.edu/healthcenter/>

Health History

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Virginia State law (§ 23.1-800) requires that all full-time students enrolled for the first time in any baccalaureate public institution of higher education submit a health history. This form satisfies that requirement. The Student Health Center (SHC) does not require a physical examination but it does require a visit to your health provider for immunization records and signature verification.

All Forms are to be Submitted Electronically through the Student Portal at:
<https://students.umw.edu/healthcenter/>

This form is due **AUGUST 1st** for the Fall Term or **JANUARY 3rd** for the Spring Term.
If you fail to submit this form you will be unable to register for the following semester.

General Information

Student Name: _____ Entering Semester/Year: _____
Last First MI

What is your preferred name, that is, how do you wish to be addressed? _____

Birth Date: _____ Age: _____ UMW email: _____

Gender Identity: Man Woman Transgender Self Identify: _____

Parent(s) or Guardian: _____

Full Home Address: _____
number and street city state zip

Phone Numbers: Home: _____ Cell: _____ Father: _____ Mother: _____

Citizenship: U.S. Other: _____

Country of birth if not U.S.: _____ year entered US: _____

Health Insurance

Do you have health insurance? Yes No If yes, which insurance? _____ HMO PPO POS

Please attach a copy of your health insurance card. While the SHC does not bill insurance, your card tells us where we can send you for lab and x-ray and who we can send you to for referrals. This also serves as a backup copy should you not be able to find yours in an emergency.

Please check to see if your insurance allows referrals in our area. Out-of-state students may find their medical insurance is not accepted in Virginia.

Kaiser insurance does not allow us to order lab or x-rays nor can we refer you to local providers. If you have Kaiser insurance you should go to the local Kaiser medical office for your care. It is located nearby at 1201 Hospital Drive, Fredericksburg VA 22401 (540) 368-3700.

Similarly, we cannot order lab or x-rays nor can we make referrals for Tricare Prime or other HMO patients.

Emergency Contact Information – In the event of an emergency, I give the SHC permission to contact:

Name: _____ Relationship: _____

Phone Numbers: _____

Minor Consent – Complete only if the student is under 18 years of age at time of enrollment.

The SHC needs written parental or legal guardian permission to provide medical care to minors.

“I grant permission to the University of Mary Washington Health Center Physician and Staff to provide or secure medical treatment/care as needed for my son/daughter. In the event of a medical or surgical emergency I understand that every effort will be made to contact me prior to treatment, provided that doing so would not further jeopardize my child’s health or life.”

Signature of Parent or Guardian: _____ Date: _____

Printed name of Parent or Guardian: _____ Relationship: _____

Student Name: _____

Family Medical History – Please explain any YES answers below.

- Any family members who died suddenly before the age of 50? No Yes _____
- Any family members with blood clots? No Yes _____
- Father: Good health No, please explain _____
- Mother: Good health No, please explain _____
- Brothers: Good health No, please explain _____
- Sisters: Good health No, please explain _____

Personal Medical History – Please answer all questions and explain any yes answers below.

- Do you have or have you had any ...
- Medical problems?** No Yes _____
- Mental health issues?** No Yes _____
- Drug allergies or intolerance?** No Yes _____
- Any other allergies?** No Yes _____
- Any serious injuries or concussions?** No Yes _____
- Do you wear **glasses** or **contacts**? No Yes _____
- Have you ever had **surgery**? No Yes _____
- Have you ever been a patient in the **hospital**? No Yes _____
- Do you have any **disabilities**? No Yes _____
- Have you ever had **mononucleosis**? No Yes _____
- Do you see any **specialists**? No Yes _____
- Do you have any **diet** restrictions? No Yes _____
- Do you take any **supplements**? No Yes _____
- Do you take any **medications**? No Yes _____
- Is there anything else we should know? No Yes _____

Check List – Before submitting this form please check for the following:

- Have your health provider review and sign your immunization and tuberculosis forms.
- Complete your health history and mail all original forms to us with a copy of your insurance card.
- Keep a copy of all forms for your records, in particular the immunization record.
- Put your insurance card in your wallet.
- If applicable, have a parent or guardian sign the minor consent form.

We understand that it is not always possible to go to your health provider before the forms are due and we don't want to make this a burden for you or us. You may submit an official electronic medical record printout of your immunizations for us to review. You may also come to the SHC when you arrive on campus and our nurses will be happy to review your forms, immunizations and tuberculosis screening and guide you through the process. Please don't ignore these forms. They are required by state law and you will be blocked from second semester registration if they are not completed.