

## **GeoJourney – Bowling Green State University Health and Medical History Questionnaire**

COMPLETION OF THIS FORM IS ENTIRELY VOLUNTARY, but is encouraged for the safety of the students involved with GeoJourney. The questionnaire will be kept confidential and will be reviewed only by the GeoJourney Director and Associate Director. The information provided will be given to others (medical personnel, staff, etc.) only in an emergency situation, or when deemed necessary by the Director/Associate Director for the student's safety in the field. This form is for your protection; the more complete the form, the better the medical treatment you may receive, if needed. **IMPORTANT:** If you know or suspect that you have some medical situation that may be aggravated by intense field work and the situation is not covered in any of the questions in this form, you should explain it in section 9, at the end of this form. Also, if you discover at any point before or during the trip that you need to amend this application (i.e. discover you have the hepatitis-B virus), you should do so as soon as reasonably possible.

Please print legibly or type.

Name: \_\_\_\_\_

Sex: male female (please circle one)

Social Security #: \_\_\_\_\_

BGSU P#: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Health Insurance Company that you are covered under:

\_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company's Phone Number: \_\_\_\_\_

## 1. Family Medical History

Check the appropriate space for any serious illness you are aware of that has occurred in a blood relative (grandparents, parents, brothers, sisters, children, etc.):

\_\_\_\_\_ anemia \_\_\_\_\_ high blood pressure \_\_\_\_\_ thyroid disorders

\_\_\_\_\_ ulcers \_\_\_\_\_ bleeding tendency \_\_\_\_\_ migraine headaches

\_\_\_\_\_ cancer \_\_\_\_\_ rheumatoid arthritis \_\_\_\_\_ heart problems

\_\_\_\_\_ HIV positive \_\_\_\_\_ tuberculosis \_\_\_\_\_ diabetes

\_\_\_\_\_ stroke \_\_\_\_\_ allergies (insects, pollen, medicines, etc.) \_\_\_\_\_ other (explain)

Explain any checked item above and add anything not listed:

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## 2. Personal Medical History

Please check the appropriate space for any illness that you have had in the past or have now:

\_\_\_\_\_ anemia, sickle cell \_\_\_\_\_ anemia, other \_\_\_\_\_ meningitis

\_\_\_\_\_ gout \_\_\_\_\_ mononucleosis \_\_\_\_\_ headaches, migraines

\_\_\_\_\_ asthma \_\_\_\_\_ phlebitis \_\_\_\_\_ bleeding tendencies

\_\_\_\_\_ eating disorders \_\_\_\_\_ pneumonia \_\_\_\_\_ bronchitis

\_\_\_\_\_ heart disorders \_\_\_\_\_ rheumatic fever \_\_\_\_\_ cancer

\_\_\_\_\_ hepatitis \_\_\_\_\_ HIV positive \_\_\_\_\_ colitis

\_\_\_\_\_ hypoglycemia \_\_\_\_\_ hyperglycemia \_\_\_\_\_ stroke

\_\_\_\_\_ diabetes \_\_\_\_\_ high blood fats \_\_\_\_\_ thyroid disorders

\_\_\_\_\_ intestinal parasites \_\_\_\_\_ tuberculosis \_\_\_\_\_ frequent ear infections

\_\_\_\_\_ kidney stones \_\_\_\_\_ ulcers \_\_\_\_\_ breast fibrocystis

\_\_\_\_\_ malaria \_\_\_\_\_ rheumatoid arthritis \_\_\_\_\_ gallbladder disorders  
\_\_\_\_\_ depression

Explain any check above and add any situation is not listed:

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### 3. General allergens

Please check any of the following to which you have had an allergic reaction:

\_\_\_\_\_ insect bites or stings \_\_\_\_\_ animal hair/dander  
\_\_\_\_\_ pollen (hay fever) \_\_\_\_\_ foods (specify below)  
\_\_\_\_\_ other (specify below)

If you checked any box above, do you carry an epipen with you at all times? (circle one)

Yes No

If you do NOT carry an EpiPen®, you should seriously consider obtaining one (or a similar product) if your allergies are severe and/or you have a family history of allergies that you may not know if you have. [http://www.allergic-reactions.com/epipen\\_main.html](http://www.allergic-reactions.com/epipen_main.html)

Explain any checks above here:

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#### 4. Medicinal Allergens

Please check the appropriate space for any drug to which you know or suspect you are allergic:

\_\_\_\_\_ penicillin \_\_\_\_\_ pain medicine (i.e. codeine, morphine, etc.)

\_\_\_\_\_ ampicillin \_\_\_\_\_ Demerol

\_\_\_\_\_ sulfa drugs \_\_\_\_\_ Novocain or other local anesthetic

\_\_\_\_\_ tetracycline \_\_\_\_\_ tranquilizers (i.e. Librium, Valium, etc.)

\_\_\_\_\_ aspirin \_\_\_\_\_ erythromycin or other "mycins"

\_\_\_\_\_ X-ray dyes \_\_\_\_\_ sleeping pills (i.e. Seconol, Nembutal, etc.)

\_\_\_\_\_ vaccine sera \_\_\_\_\_ others (specify below)

Explain any of the checks above and detail any symptoms you typically have:

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#### 5. Medications

Please check the appropriate space for any drugs that you are currently using or use regularly:

\_\_\_\_\_ amphetamines \_\_\_\_\_ cough medicine \_\_\_\_\_ diet pills

\_\_\_\_\_ antacids \_\_\_\_\_ muscle relaxants \_\_\_\_\_ menstrual cramp medicine

\_\_\_\_\_ antihistamines \_\_\_\_\_ diuretic \_\_\_\_\_ nasal spray

\_\_\_\_\_ allergy shots \_\_\_\_\_ ear drops \_\_\_\_\_ Ritalin

\_\_\_\_\_ antibiotics \_\_\_\_\_ eye drops \_\_\_\_\_ pain medication

\_\_\_\_\_ antidepressants \_\_\_\_\_ epilepsy medication \_\_\_\_\_ sleeping pills

\_\_\_\_\_ aspirin \_\_\_\_\_ headache medication \_\_\_\_\_ thyroid medication

\_\_\_\_\_ asthma medication \_\_\_\_\_ heart medication \_\_\_\_\_ skin medication

\_\_\_\_\_ barbiturates \_\_\_\_\_ hormones \_\_\_\_\_ tranquilizers/sedatives

\_\_\_\_\_ birth control pills \_\_\_\_\_ insulin \_\_\_\_\_ vitamins (specify below)

\_\_\_\_\_ blood pressure medication \_\_\_\_\_ iron supplements \_\_\_\_\_ laxatives

\_\_\_\_\_ cortisone \_\_\_\_\_ other (specify below)

Explain any check above and add anything not listed:

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## 6. Immunizations and Tests

**IMPORTANT:** BGSU does not require any immunizations or physical exam. However, they do encourage all students to keep their immunizations up to date. Some international students may be required to have a tuberculosis screening test. **Recommended immunizations are:**

- Tetanus \*\$20. (within the last 10 years)
- Hepatitis B series of three injections \*\$18.50 each or over 20 yrs of age \*\$34.00 each
- Meningitis \*\$63

During your second day of Orientation you are invited to update your immunizations at our medical facility. They will be offering immunizations from 8:00 am -11:15 am which can be paid by cash, check, credit card (Visa, MasterCard or Discover) or you may bill the charges to your bursar (BGSU charge account).

Please give the most recent year you were immunized or tested for the conditions below. If it was more than 10 years ago, you can just indicate "childhood". If you are not sure, check the dates with your doctor, or have the procedure done again.

\_\_\_\_\_ DTP (usually given at infancy)

\_\_\_\_\_ Measles/mumps/rubella

\_\_\_\_\_ Polio

\_\_\_\_\_ Tetanus or tetanus/diphtheria

\_\_\_\_\_ Tuberculin skin test (result was: \_\_\_\_\_ positive \_\_\_\_\_ negative)

\_\_\_\_\_ Chest X-ray (if skin test was positive)

(result was: \_\_\_\_\_ positive \_\_\_\_\_ negative)

If positive, describe treatment:

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## 7. Miscellaneous Health Issues

Do you have any illness (including depression) or injury that requires you to consult a physician or other health care professional on a periodic basis? \_\_\_\_\_ yes \_\_\_\_\_ no (If yes, explain below.)

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Please complete the following statements:

1. You wear: \_\_\_\_\_ glasses \_\_\_\_\_ contact lenses \_\_\_\_\_ none.

If you wear either glasses or contacts, you can:

pass a driving test without them? \_\_\_\_\_ read comfortably without them? \_\_\_\_\_

see anything without them? \_\_\_\_\_

2. You tend to experience:

carsickness: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ don't know (this is an important one!)

seasickness: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ don't know

dizziness due to heights: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ don't know

poor night vision: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ don't know

**8. Diet**

Are you on a restricted diet for any medical reason? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, explain:

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Do you prefer to avoid animal products in you diet?

\_\_\_\_\_ no

\_\_\_\_\_ yes, don't eat the following;

\_\_\_\_\_ red meat \_\_\_\_\_ fish, seafood \_\_\_\_\_ poultry \_\_\_\_\_ eggs \_\_\_\_\_ dairy products

Do you regularly drink beverages containing caffeine?

\_\_\_\_\_ no

\_\_\_\_\_ yes, usually drink the following;

\_\_\_\_\_ coffee \_\_\_\_\_ tea \_\_\_\_\_ cocoa \_\_\_\_\_ colas \_\_\_\_\_ other

I usually drink \_\_\_\_\_ cups/glasses/cans a day, on average.

**9. General**

Is there ANYTHING in your medical history or present health status that has not been covered in this form, and which you think we should be aware of in order to facilitate your safe participation in GeoJourney? Please explain fully, and attach additional pages if necessary.

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**(just one more page.....it's the most important one!)**

**10. Contact Persons**

Name of personal physician (or HMO): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

List two individuals below who could be notified in case of an emergency (i.e. parents, spouse, sibling, close family friend, etc.).

1. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_