

**ISU DRUM MAJOR CLINIC
HEALTH FORM**

NAME _____ BIRTHDATE _____

ADDRESS _____

PARENTS

_____ PHONE _____
(LEGAL GUARDIAN)

CLOSEST RELATIVE _____ PHONE _____

HEALTH HISTORY:

OPERATIONS (within the past year)

EMOTIONAL PROBLEMS _____

SERIOUS MEDICAL PROBLEMS _____

RHEUMATIC FEVER _____ DIABETES _____ EPILEPSY _____

ALLERGIES _____ TETANUS _____

ANY SPECIAL HEALTH PROBLEMS _____

DRUG ALLERGIES _____

PRESENT MEDICATION _____

IS STUDENT UNDER MEDICAL TREATMENT AT PRESENT? _____ REASON _____

FAMILY PHYSICIAN _____ PHONE _____