ST MARY'S COLLEGE of MARYLAND
The National Public Honors College

Health Questionnaire

Legal Name: _____Preferred Name_____ Pronouns_____

Date of Birth: ____ /____ /____ Biologic Sex Assigned at Birth _____Student ID: _____

If you have healthcare insurance, check all types that apply: ☐Health ☐Dental ☐Vision ☐Prescription ☐International health plan (for study abroad students)

Allergies

Do you have any ***medication and/or food*** allergies? ☐NO ☐YES

Please list the medication(s) and/or food(s) and the reactions:

_____

_____

_____

Current Medications

Please list ALL medications you use (***prescriptions, supplements, and over-the-counter products***), including dose and how often they are taken:

_____

_____

_____

Past Medical History

Please list ALL ***medical and psychiatric*** conditions, including year diagnosed and treatment(s):

_____

_____

_____

Past Surgical History

Please list ALL ***surgeries and/or hospitalizations***, including years:

_____

_____

_____

Substance Use

Do you smoke cigarettes/chew tobacco/vape?	☐NO	☐YES	How much per day? _____
Do you drink alcohol?	☐NO	☐YES	How much per week? _____
Do you exercise regularly?	☐NO	☐YES	How often? _____
Do you use recreational drugs?	☐NO	☐YES	How much per week? _____
			List drugs: _____

Family History Check here if adopted:☐ List any blood ***parents and siblings*** who have/had the following:

			Which Relative	Specify the current age and cause of death if not living
High Blood Pressure	☐NO	☐YES	_____	_____
Diabetes	☐NO	☐YES	_____	_____
High Cholesterol	☐NO	☐YES	_____	_____
Stroke	☐NO	☐YES	_____	_____
Heart Attack	☐NO	☐YES	_____	_____
Cancer	☐NO	☐YES	_____	_____
Psychiatric Illness	☐NO	☐YES	_____	_____

Signature of student: _____ Date: _____