

# Texas A&M Maritime Academy Medical History Form

revised 2022

*This form will be kept in the ship's hospital for reference if you are unable to provide the information in a medical emergency. All information is confidential per FERPA or HIPAA and will only be disclosed as these laws permit.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ UIN: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_ Are you feeling completely well today? Y N

Medications? Y N

Allergy History (If yes, please name and describe the reaction; if you use an Epi-Pen, please indicate):

~~Foods?~~ Y N

Insects? Y N

Other? Y N

Medications - Are you bringing any narcotic or controlled substance prescriptions? Y N

Medications - Do you take medications on a daily/weekly or regular basis? Y N

(If yes, please list the medications, conditions being treated, and "YES" if any medication needs refrigeration):

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Diagnosis or condition being treated</u>	<u>Refrigerate?</u>
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## Medical History (now or in the past):

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Asthma/pulmonary problem	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	<input type="checkbox"/> Diabetes	<input type="checkbox"/>	Back pain/Neck pain
<input type="checkbox"/>	<input type="checkbox"/> High blood pressure	<input type="checkbox"/>	Concussion in past 6 months
<input type="checkbox"/>	<input type="checkbox"/> Motion sickness/dizziness/vertigo	<input type="checkbox"/>	Fainting or passing out
<input type="checkbox"/>	<input type="checkbox"/> Irregular or fast heart beat/chest pain	<input type="checkbox"/>	Seizure
<input type="checkbox"/>	<input type="checkbox"/> Abnormal heart	<input type="checkbox"/>	Current infectious illness
<input type="checkbox"/>	<input type="checkbox"/> Intestinal disorder/bleeding		Current / suspected pregnancy
<input type="checkbox"/>	<input type="checkbox"/> Current dental problem		Missing any paired organs
<input type="checkbox"/>	<input type="checkbox"/> ADD/ADHD		Other

Is there any other information that medical staff needs to know about you in case of a medical emergency?