

COLUMBUS STATE COMMUNITY COLLEGE  
HEALTH HISTORY  
EMS -FIRE SCIENCE

To be completed by the Student:

PLEASE PRINT ALL INFORMATION

COUGAR I.D. \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Month/day/year Home Work

Program of Study: \_\_\_\_\_

Quarter to Begin Program: \_\_\_\_\_ E-mail: \_\_\_\_\_

INSTRUCTIONS FOR COMPLETION OF HEALTH RECORD

1. Please read and follow all instructions so we can process your records as quickly and accurately as possible. If you do not follow instructions or do not submit complete information, processing of your health record might be delayed, which might delay your ability to register into your courses.
2. Answer all questions. If the answer is “no, none, not applicable”, write that as your answer. Make certain you have entered your program of study above so we will know which requirements apply to you.
3. If you have reactions to latex rubber, you will need to complete the “Latex Reaction Form” which can be accessed from the college’s web site at [www.csc.edu/docs/health/forms/LATEX.pdf](http://www.csc.edu/docs/health/forms/LATEX.pdf) . Print the form, complete your portion, then give the form to your physician to complete his or her portion. Your completed Latex Reaction Form must be submitted with the rest of your health record forms.
4. If you have had a physical examination within the past year you may submit that documentation rather than have another physical at this time IF all of our needed information is on your documentation.
5. It is your responsibility, not your physician’s, to make certain that all health requirements have been completed and documentation of all items is submitted to the college. Please verify that you have the appropriate documents prior to submitting them to the college.
6. Remember to make photocopies of this health record and any immunizations or tests for your own file prior to submitting the health record to the college. Photocopies made later by the Academic Health Records Office will cost a minimum of \$5.00.
7. Allow up to five business days for us to process your health records. Records are processed in the order in which they are received. If your health records are submitted less than five business days prior to the beginning of the registration period, we cannot guarantee that we can process them before the first day of registration.
8. If you choose to fax your documents to the Academic Health Records Office at 614-287-5386, make certain your current name and social security number are on each page you fax. If your health record documents are faxed less than five business days prior to the beginning of the registration period, we cannot guarantee that we can process them before the first day of registration.

Do you have a sensitivity or allergy to latex? No\_\_\_\_\_ Yes\_\_\_\_\_ If yes, complete the "Latex Reaction Form" which can be accessed at [www.csc.edu/docs/health/forms/LATEX.pdf](http://www.csc.edu/docs/health/forms/LATEX.pdf).

List all allergies and sensitivities you have including medications, food, & environmental:

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List all surgical operations you have had with the date:

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List all current health conditions you have:

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List any previous significant health problems you have had:

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Do you have a history of chickenpox? \_\_\_\_\_ Enter Month/Year \_\_\_\_\_

**SUPPLEMENTAL IMMUNIZATION RECORDS:** If you are going into any of the following programs, you may also have other required immunizations to complete at a later time. Additional immunizations are required for students in Dental Hygiene, Emergency Medical Services (Intermediate or Paramedic), Histology, Medical Assisting, Medical Laboratory, Nuclear Medicine, Nursing, Phlebotomy, Practical Nursing, Radiography, Respiratory and Surgical Technology. Please check at the health records office in Union Hall, Rm 134A.

The information you are reporting to Columbus State Community College is used to provide immunization and health information required by the college's clinical affiliates, and to verify your ability to perform essential functions of the clinical tasks safely.

It is the policy of Columbus State Community College not to discriminate against any individual. This assurance of non-discrimination includes applicants for academic admission, and shall be applied regardless of race, color, gender, age, religion, ancestry, national origin, disability, or veteran status.

I certify that the health information I have given is accurate and complete. I understand that providing false information on this document is a serious offense which will result in disciplinary action. I understand that if my health, physical condition, or physical abilities change during my enrollment in a health-related program at Columbus State Community College I must report these changes to my program coordinator and to the Academic Health Records Office. I understand that immunization records and tuberculin testing results may be released to clinical sites prior to my clinical/practicum experiences. I understand that conditions which may affect my ability to perform essential functions of the clinical tasks or which may affect my ability to function with safety for myself and/or others might be discussed with my department chair or program coordinator.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



Does the student report a history of varicella virus (chickenpox)? \_\_\_\_\_ Enter Month/Year \_\_\_\_\_

Does student have any functional limitations or restrictions that would prevent him/her from working in a patient care area?	Yes	No
Vision, such as reading gauges or thermometers?		
Hearing, such as in a classroom or when using a stethoscope?		
Speech, such as in a classroom?		
Lifting up to 50 pounds?		
Ambulation/Standing for several hours?		
Ability to handle stress?		
Sensorimotor (fine and gross)?		

Does the student have any limitations or restrictions? If yes, please provide specific facts regarding student's requirements \_\_\_\_\_

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Examiner's Signature: \_\_\_\_\_

Print Examiner's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed health record to: Columbus State Community College, Academic Health Records Office, Room 134A Union Hall, 550 East Spring Street, Columbus OH 43215, or fax to 614-287-5386, including current name and social security number on all faxed pages. QUESTIONS?? Call 614-287-2450 or email to [pbaker@csc.edu](mailto:pbaker@csc.edu) - [lwashi01@csc.edu](mailto:lwashi01@csc.edu)