

**SHAWNEE STATE UNIVERSITY**  
**MASTERS OF OCCUPATIONAL THERAPY**  
940 Second Street  
Portsmouth, Ohio 45662

\_\_\_\_\_ Date

**A. CONFIDENTIAL MEDICAL RECORD (to be filled out by student)**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

Personal Health History (check items that apply)

_____ Tuberculosis	_____ Cancer
_____ Heart Disease/Defect	_____ Kidney Disease
_____ Diabetes	_____ Back Injury/Defect
_____ Allergies	_____ Hypertension
_____ Epilepsy	_____ Blood Disorders
_____ Glaucoma	_____ Dermatitis
_____ Gastrointestinal Disorder	

Operations or Serious Injuries (if any) \_\_\_\_\_

Are you currently receiving medication or treatment? Please indicate. \_\_\_\_\_

Would you say that your present health is:

\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

Are you presently under the care of a physician? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Have you received treatment for an emotional or nervous disturbance?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

