



Personal Health Assessment

Return Completed Assessment To:

Future for America
P.O. Box 7
Bonnerdale, Arkansas 71933

| APPLICANT INFORMATION | | | |
|--|--|--|--|
| This questionnaire is confidential. | | | |
| Name: _____ Prefix (Ms., Mr., etc.) First Middle Last + Suffix (Jr., Sr., III, etc.) | | | |
| Date of Birth: ____/____/____ (MM/DD/YY) Age: ____ Height: ____ Weight: ____ | | | |
| Gender: Male ____ Female ____ Father's Name: _____ Mother's Name: _____ | | | |
| Student Living Arrangements: Father ____ Mother ____ Spouse ____ Single ____ Other ____ | | | |

| EMERGENCY CONTACT | | | |
|--|--|--|--|
| Name: _____ Prefix (Ms., Mr., etc.) First Middle Last + Suffix (Jr., Sr., III, etc.) | | | |
| Address: _____ Street Address / P.O. Box Apt. # | | | |
| _____ City / Town State / Province Country Zip / Postal Code | | | |
| Phone: () _____ () _____ () _____ Work Home Cell | | | |
| Email _____ | | | |
| Relation: _____ | | | |

| HEALTH INSURANCE | |
|---|-------------------------------------|
| Do you have Health Insurance?: Yes ____ No ____ | |
| If yes, what is the insurance company name?: _____ | |
| Policy Number: _____ | Name of Policy Holder: _____ |

MEDICAL HISTORY

Please list any operations, hospitalizations, serious injuries, or illnesses you have had in the past.

Date

Operation/Injury/Illness

1. _____
2. _____
3. _____
4. _____

Use a separate sheet of paper, if necessary

Are you allergic to any medications? Yes _____ No _____

If yes, please list: _____

Are you taking any medications? Yes _____ No _____

If yes, please list: _____

Do you have any environmental allergies? Yes _____ No _____

If yes, please list: _____

Do you have any chronic health problems? Yes _____ No _____

If yes, please list: _____

Do you have any physical problems that limit your daily activities? Yes _____ No _____

If yes, please list: _____

Please feel free to attach any other health related information that you think would be of importance to add to your personal health assessment. Thank you.

Signature

Date