



**PART C: MEDICAL HISTORY**

This information is for the use of the College and will not be released without the student's written consent.

\_\_\_\_\_  
Last Name First Name MI

**Contact Person In Case of Emergency**

\_\_\_\_\_  
Last Name First Name Relationship  
\_\_\_\_\_  
Home Phone Number Work Phone Number Cell Phone Number  
\_\_\_\_\_  
Street Address City State Zip Code

**Do you have any health problems we should be aware of? If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments**

- Current medications \_\_\_\_\_
- Hospitalizations \_\_\_\_\_
- Allergies (medication, food, pets, etc.) \_\_\_\_\_
- Special accommodations required \_\_\_\_\_
- High blood pressure \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Other \_\_\_\_\_

**Please check below the topic(s) you would like Student Health Services to include in health education programs:**

- Diabetes
- Weight Control
- Single Parenting
- Stress Management
- Domestic Violence
- High Blood Pressure
- Personal Relationships
- Alcohol/Drug Education
- Other \_\_\_\_\_

**Please return this form to:**

Roxbury Community College  
Admissions Office/Administration Building, Room 102  
1234 Columbus Avenue  
Roxbury Crossing, MA 02120