

# Saad Education

CNA School • Phlebotomy School • Certified Medical Assistant School  
Continuing Education for Healthcare Professionals • Special Programs

## STUDENT HEALTH QUESTIONNAIRE

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle Initial

CLASS / INSTRUCTOR: \_\_\_\_\_

FAMILY PHYSICIAN/CLINIC: \_\_\_\_\_

DO YOU SMOKE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU HAD OR DO YOU HAVE ANY OF THE FOLLOWING? (Check "yes" or "no" after each question.)

A DISEASE OR DISORDER OF:	DO YOU HAVE OR HAVE YOU EVER HAD:			DO YOU HAVE OR HAVE YOU EVER HAD:			DO YOU HAVE OR HAVE YOU EVER HAD:			DO YOU HAVE OR HAVE YOU EVER HAD:		
	YES	NO		YES	NO		YES	NO		YES	NO	
Brain			Hepatitis			Chronic Constipation			Malaria			
Eyes			Dizziness			Black or Bloody Bowel Movements			Rheumatic Fever			
Ears, Nose, Throat			Frequent Headaches			Frequent or Painful Urination			Paralysis			
Heart			Deafness			Blood in Urine			Cancer of Tumors			
Lungs			Frequent Sore Throat			Swollen Ankles			Asthma			
Stomach			Frequent Colds			High Blood Pressure			Hay Fever			
Intestines			Fainting Spells			Jaundice			Diabetes			
Liver			Chest Pains			Hernia (Rupture)			Arthritis			
Spleen			Shortness of Breath			Stomach Ulcers			Rheumatism			
Gallbladder			Chronic Cough			Pneumonia			Nervous Breakdown			
Kidneys			Coughing Up Blood			Pleurisy			Painful Flat Feet			
Bladder			Palpitations			Kidney Stones			Backaches			
Knee			Allergies-Medications			Hemorrhoids			Chronic Sinus Inf.			
Bone			Poor Appetite			Seizures or Convulsions			Injuries			
Neck			Chronic Indigestion						Operations ( )			
Joints			Recurrent Nausea						<b>MEDICATIONS:</b>			
Back (Spine)			Recurrent Vomiting							1.		
Skin			Vomiting of Blood							2.		
Lymph Nodes			Thyroid Disorder						3.			
Genitals												

OTHER OPERATIONS OR ILLNESSES (PLEASE EXPLAIN): \_\_\_\_\_

DO YOU HAVE A CONTAGIOUS DISEASE? IF SO, PLEASE EXPLAIN: \_\_\_\_\_

I, THE UNDERSIGNED, CERTIFY THE ABOVE ANSWERS ARE TRUE:

DATE: \_\_\_\_\_ STUDENT SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_