



VANCOUVER ISLAND  
UNIVERSITY

**Faculty of Health and Human Services**

**HEALTH HISTORY**

- Complete the health history information yourself.
- Applicants **MUST** be in good health on admission to health-related programs. **PROOF OF RECENT MEDICAL EXAMINATION**, if warranted, may be requested and should be given to the coordinator of the program.
- The information provided will only be used for guidance and career counselling.

APPLICANT'S NAME (please print) \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PROGRAM APPLYING FOR \_\_\_\_\_

**HEALTH HISTORY INFORMATION**

Have you any history of illness, communicable diseases, back injury, surgery, etc. that would affect your ability to perform in this role?

Yes [ ]      No [ ]      If yes, explain:

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

Are you presently under medical care or taking medication?

Yes [ ]      No [ ]      If yes, explain:

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

To your knowledge, do you have any permanent condition which may affect your work performance?

Yes [ ]      No [ ]      If yes, explain:

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

I have completed the above health history information to the best of my knowledge and submit with application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date