1. Please list any significant current health problems.

2. List any medications you take on a regular or frequent basis.

3. Are you allergic to any medications? □ YES □ NO
   If yes, please list.

4. Do you have any other kind of allergic conditions such as asthma, hay fever, etc? □ YES □ NO
   If yes, please list.

5. List any significant past health problems.
6. Have you ever been hospitalized? □ YES □ NO
   If yes, indicate why and when.

7. Have you ever had a head injury, concussion, broken bones or other serious injury? □ YES □ NO
   If yes, indicate what injury and when.

8. Have you ever had an operation? □ YES □ NO
   If yes, indicate for what and when.

9. Please indicate if you have a history of any of the following:
   - Heart Murmur
   - Irregular Heart Beat
   - High Blood Pressure
   - Rheumatic Fever
   - Bleeding Disorder
   - Diabetes
   - Hypoglycemia
   - Fainting Spells
   - Sleep Disorder
   - Menstrual Disorder
   - Seizure Disorder
   - Psychiatric Disorder
   - Alcohol Abuse
   - Substance Abuse

10. Do you have any dietary restrictions for medical reasons? □ YES □ NO
    If yes, please specify.

11. Do you have any physical limitations? □ YES □ NO
    If yes, please specify.

PLEASE RETURN THIS COMPLETED FORM TO:
SAINT LOUIS UNIVERSITY
OFFICE OF UNDERGRADUATE ADMISSION
ONE GRAND BLVD. ST. LOUIS, MO 63103