



Health Questionnaire

MMA Health Services – Infirmary

540-459-0425 Fax: 540-459-7642

To Be Completed by the Cadet's **Parent(s)**

This form must be submitted to the Infirmary before the cadet may reside in on campus or participate in Academy programs. Information will be kept confidential. Full disclosure of the cadet's medical history and needs is essential to the cadet's proper care and well-being.

Cadet's Name: _____ Birth date: ____/____/____
Last name First Middle (initial)

_____ Race/Ethnicity
 Identifying Scars, Marks, Tattoos, etc.

Cadet's Personal Medical History: Has the cadet suffered from any of the following acute or chronic illnesses?
 For "yes" responses, please provide information or explanations on the reverse side of this form or attach additional sheets.

	Yes	No		Yes	No		Yes	No
Diabetes (Insulin Dependent)			Hay Fever			Cerebral Palsy		
			Recurrent Colds			High Blood Pressure		
Seizures			Frequent Sore Throat			Low Blood Pressure		
Epilepsy			Chronic Cough			Dizziness/Fainting		
Measles			Recurrent Headaches			Chest Pain/Fainting		
German Measles			Sinusitis			Heart Palpitations		
Mumps			Ear or Nose Trouble			Shortness of Breath		
Chicken Pox			Throat Trouble			Heart Murmur		
Skin Infections			Recent Weight Gain			High Cholesterol		
Tuberculosis			Recent Weight Loss			Kidney Disease		
Tumor, Cysts			Eating Disorder			Psychological/ Emotion Issues		
Recurrent Diarrhea			Joint/Bone Injuries			Nervousness		
Stomach Problems			Joint/Bone Disease			Rage/Anger Issues		
Intestinal Disease			Back Problems			Bedwetting		
Gallbladder Disease			Head Injury			Insomnia		
Jaundice			Concussion			Frequent Anxiety		
Rheumatic Fever			Sickle Cell or Trait			Depression		
Hernia			Blood Disorder/Anemia			Frequent Worry		
Asthma*			Venereal Disease			Nervousness		

* **Asthmatic** cadets must keep an inhaler in their possession and a spare inhaler in the Infirmary.

Allergies: (Explain the cadet's reaction.)	Yes	No

Cadets **allergic to bee stings** must provide epi-pens to the Infirmary.
 Cadets taking regular **allergy injections** must provide serum and injection records. Infirmary staff arranges for a local physician to administer Injections.

Medically mandated **Dietary Restrictions** (Such as Lactose Intolerance):



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Physical Limitations and Injuries – For “yes” responses, please provide information or explanations.

1. Has the cadet’s physical activity been **restricted** during the **past five years**? ___ Yes ___ No

2. Please explain **any other impairment** that might limit the cadet’s participation in Academy programs and activities.

Non-Prescription (“over-the-counter”) Medications –Infirmiry staff provides medications below (and generic equivalents) as needed. Please **cross- out** medications listed below which the Infirmiry staff should not provide to the cadet.

<u>Pain Relief</u> Tylenol (acetaminophen) Advil (ibuprofen) Aleve (naproxen) Midol	<u>Sinus Relief</u> Sudafed Benadryl Claritin Zyrtec	<u>Skin Care</u> Athletes Foot Cream Benadryl Cream Caladryl Lotion Necessary Bandages Epson Salts Sunburn Gel	<u>Mouth Sores</u> Anbesol Oratex Zilactin Choloraseptic Spray
<u>Muscular Aches and Pains</u> Slings Pain relieving muscle rub Ace Wraps	<u>Chest Congestion</u> Robitussin Vicks Vapor Rub Dayquil Nyquil Mucinex	<u>Antiseptics</u> Betadine	<u>Bowel Discomfort</u> Tums Immodium Ex-Lax Stool Softener Medizine (Antiemetic)
<u>Eye Care</u> Visine Sterile eye drops			

Other Medications not to be provided:

Parent’s Statement

I acknowledge that the Academy’s Infirmiry staff will dispense prescribed medications as authorized by the prescribing physician and as permitted by me (or us) the cadet’s parent(s). I also acknowledge that changes in medications or dosages require the **physician’s written confirmation** to the Infirmiry staff. I authorize dispensing of over the-counter medications as noted and limited above.

Parent/Guardian Signature Phone # Date