

## HEALTH SCREENING – PART 2

Check or otherwise indicate which, if any, applies.

Heart Attack: \_\_\_\_

Cardiac Surgery: \_\_\_\_

Irregular Heart Beat: \_\_\_\_

Heart Murmurs: \_\_\_\_

Ankle Swelling: \_\_\_\_

Phlebitis: \_\_\_\_

Abnormal Blood Fats: \_\_\_\_\_

Stroke: Date: \_\_\_\_\_

Emotional Disorders: \_\_\_\_

Drug Allergies: \_\_\_\_

Smoker over 35: \_\_\_\_ How many/ day? \_\_\_\_

Bypass Surgery:

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Chest Discomfort: Mild/ How Often?

Severe/ How Often?

High / Low Blood Pressure:(> or < 120/80) \_\_\_\_/\_\_\_\_

Rheumatic Fever: \_\_\_\_

Any Vascular Diseases:

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Unusual Shortness of Breath: \_\_\_\_

Asthma, Emphysema, Bronchitis: (Circle that which applies, if any.)

Past or Current (Late Onset) history of Diabetes: \_\_\_\_\_  
Parent/Guardian Init:

## HEALTH SCREENING – PART 2

Recent Hospitalization and Cause:

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Orthopedic Problems, or Arthritis:

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### Controllable dietary health risk habits

Coffee: Cups/ Day \_\_\_\_\_

Chocolate: \_\_\_\_

Soda: \_\_\_\_

Salt: \_\_\_\_

Sugar: \_\_\_\_

Alcohol: \_\_\_\_

Drugs: Recreational \_\_\_\_\_

Drugs: Prescribed \_\_\_\_\_

Tobacco: Cigarettes/ Day \_\_\_\_\_

Red meats: \_\_\_\_

Fried foods: Days/ Week: \_\_\_\_\_

Dairy products: \_\_\_\_\_

Parent/Guardian Init: