



**LOYOLA
UNIVERSITY
HEALTH SYSTEM**

Loyola University Chicago

*We also treat the human spirit.*TM

MR:

Employee , Volunteer & Student Health Service
Loyola Outpatient Center / 3rd Floor Room 3201
2160 S 1st Ave
Maywood, IL 60153

Phone for Appointment: 1-888-584-7888
Monday thru Friday 7:30 AM to 4:00 PM
(Closed 12 PM – 1:00 PM Daily)

Bring your Immunization Records and Photo ID

HEALTH HISTORY QUESTIONNAIRE

Name		Gender:	
Address		Age	Date of Birth
City	State	Zip	Social Security #
Phone #	Home:	Cell:	Work:
Position / Occupation:			
Emergency Contact (relationship):			
Cell phone :			
VACCINATIONS: Please bring <i>official documentation</i> from your doctor for the following:			
Measles, Mumps and Rubella (MMR) Vaccines:	_____	_____	
	Date	Date	
Varicella Vaccine:	_____	_____	
	Date	Date	
Measles, Mumps, Rubella and Varicella Titers:	Provide lab copies		
Influenza Vaccine:	_____		
	Date		
Hepatitis B Vaccine:	_____	_____	_____
	Date	Date	Date
Hepatitis B antibody:	Provide lab copy		
TDAP (Tetanus Diphtheria, Pertussis) :	_____		
	Date		

Are you currently taking any medications that could or will interfere with your ability to perform the essential functions of your position? If so, please identify:

<i>Please continue on other side</i>

MR:

Are you are allergic to or have bad reactions to any medicines? (Rx or over-the-counter) If so, please identify:	
_____	Reaction: _____
_____	Reaction: _____
_____	Reaction: _____
_____	Reaction: _____
Do you have any disability that could or will interfere with your ability to perform the essential functions of your position? If so, please identify:	

Do you require any accommodation(s) in order to perform your position? If so, please identify:	

<i>You must provide medical documentation of required accommodations.</i>	
Applicant Signature: _____	Date: _____
Under Age 18 requires signature of Parent or Legal Guardian (circle one):	
Signature: _____	Date: _____
To be completed by Employee/Student Health RN/APN	
<input type="checkbox"/> Physically qualified to perform essential functions of position without restrictions.	
<input type="checkbox"/> Physically qualified to perform essential functions of position with the following ADA accommodations _____	
<input type="checkbox"/> Not physically qualified to perform essential functions of position.	
<input type="checkbox"/> Unable to determine at this time. Further documentation requested regarding: _____	
Signature: _____	Date: _____