



List all medications that you are currently taking, along with dosage and purpose. If necessary, continue on the back of this form.

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List and thoroughly explain any physical limitations

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List and explain any medical conditions that exist among your family members

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If you have had any of the following medical conditions, please indicate and include a detailed explanation. If necessary, continue on the back of this form.

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|-------------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="radio"/> Allergic Reactions?       | <input type="radio"/> Asthma?          | <input type="radio"/> Cancer?              |
| <input type="radio"/> Serious Injury?           | <input type="radio"/> Diabetes ?       | <input type="radio"/> Hearing Problem?     |
| <input type="radio"/> Eating Disorder?          | <input type="radio"/> Epilepsy?        | <input type="radio"/> Hormonal Problem?    |
| <input type="radio"/> Mental Health Problem?    | <input type="radio"/> Heart Problem?   | <input type="radio"/> Eye Problems?        |
| <input type="radio"/> Learning disability?      | <input type="radio"/> Liver Disease?   | <input type="radio"/> Menstrual Disorders? |
| <input type="radio"/> Stomach or Bowel problem? | <input type="radio"/> Kidney Disease?  | <input type="radio"/> Surgical Procedures? |
| <input type="radio"/> Bleeding Disorder?        | <input type="radio"/> Thyroid Disease? | <input type="radio"/> Other?               |

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Please list any other information that may be pertinent to the student's health while attending SVU

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Please note that Southern Virginia University requires a copy of your complete immunization records. Please include the student name and ID # on all records. The immunization records can be returned with this form.

**Please return forms to:**  
Southern Virginia University  
Office of Admissions  
One University Hill Drive  
Buena Vista, VA 24416  
Fax: 540.261.8559