

# Health Assessment Form

To be completed by applicant to Saint Meinrad Sabbatical Program

Name: \_\_\_\_\_  
(last) (first) (middle)

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Month Day Year

Ministry/Work: \_\_\_\_\_

## MEDICAL HISTORY

Have you ever had or have you now any of the following conditions? Please check if applicable.

\_\_\_ Frequent or severe headaches

\_\_\_ Asthma

\_\_\_ Dizziness or fainting spells

\_\_\_ Epilepsy or seizures

\_\_\_ Anxiety / Panic attacks

\_\_\_ Vision problems

\_\_\_ Motion sickness requiring drugs

\_\_\_ Hay fever

\_\_\_ Diabetes

\_\_\_ Other illnesses or needs. Specify: \_\_\_\_\_

\_\_\_ Military medical discharge

\_\_\_ Heart trouble

\_\_\_ Kidney stones or blood in urine

\_\_\_ Admission to hospital

\_\_\_ Treatment for addiction

\_\_\_ Depression or other psychological conditions

\_\_\_ Allergic reaction to any drugs

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Medical treatment within the last five years:

Date:                      Name & Address of Physician consulted:                      Reason:

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If you have not had a physical exam in the last year, we strongly recommend that you have a complete examination.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print, complete and mail this form to:  
Fr. Luke Waugh, OSB  
Coordinator of Sabbatical Program  
Saint Meinrad Seminary and School of Theology  
200 Hill Drive  
St. Meinrad, IN 47577