

Cape Cod Community College – Project Forward
MEDICAL HISTORY/FAMILY PROFILE

Last Name (print)	First Name	Middle Initial	(Maiden)
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Address	City	State	Zip
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_____/_____/_____ Sex: M____ F____

Date of Birth

Current Medications/Drugs:

Family History:

	Age	Occupation	Childs Age at Death	Cause of Death
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Children	_____	_____	_____	_____
Sibling(s)	_____	_____	_____	_____

Student's Personal History:

	Yes	No		Yes	No		
Diabetes	_____	_____	Covid Vaccination	_____	_____	_____	_____
Cardiac Device	_____	_____	Allergies:	_____	_____	_____	_____
VNS Device	_____	_____	Bees	_____	_____		
Down syndrome	_____	_____	Foods (list below)	_____	_____		
Prader Willi	_____	_____	Animals (list below)	_____	_____		
Seizure Disorder	_____	_____	Latex	_____	_____		
Encephalopathy	_____	_____	Drug Allergies (list below)	_____	_____		
PDD	_____	_____	Food Allergies: _____				
PTSD	_____	_____	Animal Allergies: _____				
Autism	_____	_____	Drug Allergies: _____				
Asperger's Syndrome	_____	_____					
Hearing Impairment	_____	_____					
Visual Impairment	_____	_____					
Physical Disability (wheel chair, etc.)	_____	_____					
Legally Blind	_____	_____					
Fetal Alcohol Syndrome	_____	_____					
Anxiety	_____	_____					
Depression	_____	_____					
Schizophrenia	_____	_____					
OCD	_____	_____					
Delusions/Hallucinations	_____	_____					
ADHD/ADD	_____	_____					
Bipolar	_____	_____					

	Yes	No
Student carries an Epi pen	_____	_____

Able to take his/her own medication: Yes _____ No _____

Needs Personal Medical Assistance: Yes _____ No _____

Other/Comments: _____

Signature of Student or Parent/Guardian	Date
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