SOUTHERN UNIVERSITY
AND AGRICULTURAL & MECHANICAL COLLEGE

# School of Nursing

## Change in Health Status Form

Questions 1and 2 of this form must be completed at the beginning of each semester (1/15 and 8/15) **AND** within 48 hours of a change in medical history or health status.

**Question 1A:** List ALL current medical diagnosis or write N/A.

**Question 1B:** Changes in medical history over the past 4 months. Please provide a yes/no answer for all 5 questions.

| | | |
|---|---|---|
| 1. Have you received a new medical diagnosis? | ☐YES | ☐NO |
| 2. Have you been hospitalized? | ☐YES | ☐NO |
| 3. Have you had any surgeries? | ☐YES | ☐NO |
| 4. Have you experienced any physical injuries (neck, back, arms, legs, etc)? | ☐YES | ☐NO |
| 5. Do you have any lifting limitations? | ☐YES | ☐NO |

If you answered yes to question 1B, please explain and attach a full medical release.

**Question 1C:** Are you currently pregnant? (Females only) ☐YES ☐NO

If you answered yes to question 1C, please attach a full medical release with no restrictions, and your expected date of delivery.

**Question 2A:** Prescription Medications. List all current prescription medications or write NA. Do not leave blank.

_____ _____

Signature SU Banner Student Number

_____ _____

Printed Name Date

Revised 12/21