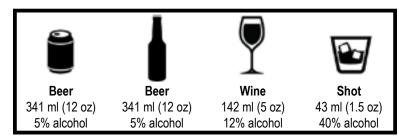
First Name:		Concordia University Health Services <b>Health Questionnaire</b>						
Last name:			•					
Date of Birth:			The information you provide in this <b>confidential</b> questionnaire will help us understand your health situation so as to better meet your health care needs.					
Student/Employee ID:			Signature:			Date:		
Present and past health history	Yourself YES NO		If "YES" specify	Imme Fan YES	nily	If "YES" specify		
Allergies								
Do you smoke, use tobacco or vape?		Quit D	Pate:					
Mental health issues								
Diabetes								
High cholesterol/Triglycerides								
Heart disease, heart attack, or stroke								
High blood pressure								
Cancer								
Neurological problem including concussions, headaches					tyle/h			
Thyroid problems				How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons (for example, because of the experience or feeling it caused)?  In the past year how many times have you used				
Lung problems								
Stomach/bowel problems								
Kidney/bladder problems								
Genital problems				marijuana?				
Breast problems				Please	turn ov	er for questions		
PAP test		Date of	of last Pap: related to your alcohol use					
Abnormal result				What a	re you do	oing to prevent pregnancy?		
Other health condition or surgery								
Rou	tine Adult Vac	cines		What a	re you do	ping to protect yourself against sexually		
Being a healthy adult in GATHER your vaccine info (e.g. fi guardian to scan, copy, or send you p to your Virtual Care at Concordia a vaccines you need with one	ind your childhoo photos of the insi account. Then B	transmitted infections?  not sexually active yet □  Have you ever had a sexually transmitted infection						
Did you receive your childhood vaccines?				(STI)?				
Have you received the HPV vaccine?		# of de	oses:	Date of last STI testing:				
Have you received the Hep B vaccine?		# of de	oses:					
Have you received the tetanus vaccine?		Date:		How would you describe your diet?				
Do you live in Residence?				☐ Poor ☐ Fair ☐ Good ☐ Very Good				
Chicken pox infection or vaccine		Age o	f infection:	How many hours of physical activity do you do each week? hours				
Covid-19 infection or vaccine		# of de	oses:					
Do you currently take medications? □		□ No						
Vaccines discussed. Date:	•	•	tion for administration Lifestyle/h	• •	cussed. [	Date:		

## **AUDIT-C**

The Alcohol Use Disorders Identification Test— Consumption is a validated screen for risky drinking.

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your alcohol use. Your answers will remain confidential so please be honest.

## 'A drink' means:



	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly	2-4 times a month	2-3 times a week	4 or more times a week	
How many drinks containing alcohol do you have on a typical day when you are drinking?	1	2-3	4	5-6	7+	
How often do you have 4 or more if female, or 5 or more if male, on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					TOTAL	

## ARE YOUR VACCINES UP-TO-DATE? WE CAN HELP!

Many students in university are missing some vaccines, or are due for boosters. The health professionals at Concordia University Health Services strongly advise you to get vaccinated as part of a healthy lifestyle.

If your parents did not vaccinate you as a child, and now, as an adult, you wish to be, talk with the nurse.

It is YOUR decision whether to get vaccinated.

ADULT VACCINATIONS					
Vaccination	Protects against	Recommendations			
Covid-19 vaccine	Covid-19	Series of two doses and a booster			
Td	Tetanus (T) Diphtheria (d)	Series of three doses if not received in childhood.  50 years of age  Booster as needed with high-risk injury: talk with a health professional			
Pertussis (included in other vaccines)	Pertussis (aP) ("whooping cough")	One dose in a lifetime if not received in childhood  In the third trimester of every pregnancy			
НА	Hepatitis A	Series of two doses if not received in childhood			
НВ	Hepatitis B	Series of three doses if not received in childhood			
Influenza vaccine	Influenza ("the flu")	Emphasis to those at increased risk of complications from flu			
Varicella vaccine	Chickenpox	Series of two doses for those who did not have chickenpox or did not get the vaccine in childhood			
Herpes Zoster (Shingles) vaccine	Shingles	One dose to adults > 50 years of age: discuss with health professional			
MMR vaccine	Measles (M) Mumps (M) Rubella (R)	Series of two doses if not received in childhood			
Meningococcal vaccines	Meningococcal vaccines	Everyone who wishes to decrease their risk of contracting Meningococcal disease			
	inclinigococcai vaccines	People at higher risk include students living in student residence; discuss with a health professional			
HPV vaccine	Human Papillomavirus: cervical cancer, genital warts	Series of three doses if not received in childhood			

For more information, check out our website at: concordia.ca/vaccines