Lubbock Lake Landmark
Museum of Texas Tech University

Lubbock Lake Landmark requires a completed health history on all field participants. This information is confidential.

Name: _____ Gender: M ☐ F ☐
Last First Middle

Date of Birth: _____ Phone: _____

Permanent Address: _____

_____

_____

Emergency Contact: _____

Address: _____

Phone: _____ Relationship: _____

Has the patient had or have any of the following conditions?

	Yes	No		Yes	No		Yes	No
Malaria	☐	☐	Tuberculosis	☐	☐	Heart Murmur	☐	☐
High Blood Pressure	☐	☐	Heart Disease	☐	☐	Hay Fever	☐	☐
Anemia	☐	☐	Sickle Cell Trait	☐	☐	Diabetes	☐	☐
Allergies	☐	☐	HIV Positive	☐	☐	Back Problems	☐	☐
Arthritis	☐	☐	Epilepsy/Seizures	☐	☐	Tetanus Vaccine	☐	☐
Infectious Mononucleosis	☐	☐	Cancer	☐	☐	Date of Vaccination:	_____	
Infectious Skin Problems	☐	☐	Hepatitis	☐	☐			

If you answered yes to any of the conditions, please explain further.

_____

_____

	Yes	No
Is the patient under a doctor's care, on any medication, or have any other medical problems?	☐	☐
With exercise, has the patient passed out, been dizzy, had chest pain, wheezing, shortness of breath, or coughing?	☐	☐
Has the patient had a serious head injury, or been knocked out?	☐	☐
Has the patient ever been dizzy, passed out, or had muscle cramps due to heat?	☐	☐
Does the patient use any special equipment (pads, braces, neck rolls, mouth guards)?	☐	☐

If you answered yes to any of the conditions, please explain further.

_____

_____

Can the patient withstand the rigors of field work in summer heat? ☐ ☐

I HEREBY STATE THAT MY ANSWERS TO THESE QUESTIONS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____ _____
Physician Name Physician Signature Date

Affiliation: _____ Phone Number: _____

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