To complete the second part of your student health form please follow these instructions. If you have any questions please contact Student Health Services at 626-395-6393 or email healthforms@caltech.edu.

1. Go to the student health portal: https://mycaltechhealth.caltech.edu

2. Using your access.caltech credentials, log in.
   a. Your user ID is your Caltech email without “@caltech.edu”

3. Enter you date of birth
4. Once you have logged in, click on FORMS.

5. Click on HEALTH HISTORY FORM.
6. Begin completing your “Student Health Services Health History Form”

Health History Form

Student Health Services Health History Form

All students must complete this form
(ALL INFORMATION IS CONFIDENTIAL)

Personal Medical History

Personal Health History:
If you have had or are currently experiencing medical problems, please mark the appropriate starred (*) box under each category.
A pop-up will appear and ask for an approximate date or age of onset. You will be forced to enter something. Feel free to simply enter “from birth”. An exact date is NOT required.

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Medical History, cont’d</th>
</tr>
</thead>
<tbody>
<tr>
<td>*No medical problems</td>
<td>*No medical problems</td>
</tr>
<tr>
<td>Allergies/Immunology</td>
<td>Kidney disease</td>
</tr>
<tr>
<td>Asthma</td>
<td>Learning disability</td>
</tr>
<tr>
<td>Autoimmune disorders</td>
<td>Migraine headaches</td>
</tr>
<tr>
<td>Cancer</td>
<td>Mobility limitations</td>
</tr>
<tr>
<td>Childbirth</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>Sexual dysfunction</td>
</tr>
<tr>
<td>Diabetes, Type 1</td>
<td>Secular disorder</td>
</tr>
<tr>
<td>Diabetes, Type 2</td>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td>Erythroblastemia</td>
<td>Thyroid problems</td>
</tr>
<tr>
<td>Fever problems</td>
<td>Vision problems</td>
</tr>
</tbody>
</table>

Mental Health:

*No mental health problems

Anxiety disorder

Bipolar disorder

Depression

Eating disorder

Psychotic Disorders

Sleep problems

Social History:

*No alcohol use

*No cigarettes

*No illegal drug or substances use

*No smoking/ tobacco use

Women’s Health:

*No women’s health problems

Abnormal Pap Smear

Cervicitis

Contraceptive use

Hirsutism

Premenstrual

Pregnant

Severe menstrual pain

Family Medical History

Family History:
If you do not know, or if you have no past or current family medical problems, please mark one of the first starred (*) boxes. A pop-up will appear and ask for an approximate date or age of onset. You will be forced to enter something. Feel free to simply enter “from birth”. An exact date is NOT required.

<table>
<thead>
<tr>
<th>Family History</th>
<th>Family History, cont’d</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Parent’s medical history unknown</td>
<td>*Parent’s medical history unknown</td>
</tr>
<tr>
<td>*Family medical history not known</td>
<td>*Family medical history not known</td>
</tr>
<tr>
<td>Neurological disorders</td>
<td>Neurological disorders</td>
</tr>
</tbody>
</table>

Medical History:

*No medical problems

Asthma

Cancer

Neurological

Mental Health:

*No mental health problems

Anxiety disorder

Bipolar disorder

Depression

Eating disorder

Psychotic Disorders

Sleep problems

Additional personal history comments, if needed: