

## Communicable Disease Health History

Name: \_\_\_\_\_

***This information is confidential***

### **Disease**

### **Date of Illness**

Measles (Rubeola)

\_\_\_\_\_

Measles (Rubella)

\_\_\_\_\_

Mumps

\_\_\_\_\_

Chickenpox

\_\_\_\_\_

Hepatitis

\_\_\_\_\_ Type \_\_\_\_\_

Tuberculosis

\_\_\_\_\_ Type \_\_\_\_\_

Meningitis

\_\_\_\_\_ Type \_\_\_\_\_

Malaria

\_\_\_\_\_ Type \_\_\_\_\_

HIV infection

\_\_\_\_\_

### **Allergies:**

Medications \_\_\_\_\_

Latex \_\_\_\_\_