## Visa Applicant Health Questionnaire

N	ame:			
Past Medical history				
No	Yes			
		<u>General</u>		
		Illness or injury requiring hospitalization ( including psychiatric )		
		<u>Cardiology</u>		
		Hypertension		
		Congestive heart failure or coronary artery disease		
		Arrhythmia		
		Rheumatic heart disease		
		Congenital heart disease		
		Pulmonology		
		Tobacco use: 🗆 Current 🗆 Former		
		Asthma		
		Chronic obstructive pulmonary disease		
		Tuberculosis history: Diagnosed (mm-yyyy)		
		Treated (mm-yyyy)		
		Fever		
		Cough		
		Night sweats		
		Weight loss		
		<u>Psychiatry</u>		
		Psychological/Psychiatric Disorder (including major depression, bipolar disorder, or schizophrenia)		
		Major impairment in learning, intelligence, self-care, memory, or communication		
		Use of substances other than those required for medical reasons		
		Substance use or substance induced disorders of substances on the Controlled Substances Act (CSA)		
		Substance use or substance induced disorders of substances not on the CSA (including alchohol)		
		Ever caused serious injury to others, caused major property damage or had trouble with the law		
		because of medical condition, mental disorder, or influence of alcohol or drugs		
		Ever had thoughts of harming yourself		
		Ever acted on those thoughts		
		Ever had thoughts of harming others		
		Ever acted on those thoughts		
		<u>Neurology</u>		
		History of stroke		
		Seizure disorder		
		<u>Current Medications</u> (List all current medications)		

Name:				
No	Yes	Obstetrics		
		Pregnancy, current		
		Estimated delivery date (mm-dd-yyyy)		
		LMP (Last Menstrual Period) <u>age</u>		
		Previous live births, number:		
		Birth dates of live births (mm-dd-yyyy)		
		Sexually Transmitted Diseases		
		Previous treatment for sexually transmitted disease, specify date (mm-yyyy) and treatment:		
		Syphilis		
		Gonorrhea		
		Endocrinology		
		Diabetes		
		Thyroid disease		
		<u>Hematologic/Lymphatic</u>		
		Anemia		
		Sickle Cell Disease		
		Thalassemia		
		Other hemoglobinopathy		
		Other		
		An abnormal or reactive HIV blood test		
		Diagnosed		
		Malignancy, specify:		
		Kidney or Bladder disease		
		Chronic liver disease (including hepatitis B or C)		
		Previous treatment for Hansen's Disease		
		Treatment Completed (mm-yyyy)		
		Food or drug allergies, specify:		
		Other medical conditions requiring treatment, specify:		
		Disabilities (including loss of arms or legs), specify:		
		Have you ever been arrested or ticketed for DUI?		
		Previous Surgeries (List all previous surgeries)		
		Did you have chickenpox in the past?		
		Date of illness (mm-dd-yyyy)		