

NC Highway Patrol Medical Office

Supplemental Health History Form – Student Trooper Program 2024

Student Name: _____

Date of Birth: _____

Please complete the following. This additional information will help our medical staff care for you if you require medical attention while at the Highway Patrol Training Academy.

Do you have a history of or do you currently have:

	YES	NO	If yes, provide details including relevant dates
Heart murmur, heart abnormality, abnormal EKG, palpitations, or other cardiac condition			
Episode(s) of heat exhaustion, severe cramping, dehydration, or other condition			
Sickle cell trait or rhabdomyolysis			
Syncope (passing out)			
Allergies to food, drugs, or other substances (if yes, list with severity and type of reaction)			
Anaphylaxis (emergency allergic reaction) or other allergic reaction that causes breathing problems			
Has a medical professional suggested that you carry an Epi-Pen?			
Asthma or use an inhaler			
Orthopedic surgeries (if yes, list type and date)			
A weakened immune system due to a medical condition, medication, or treatment			
Diabetes (if yes, indicate type and current treatments)			
Hospitalization within the last year			

Is there anything else about your health that you feel is important to share with our medical staff?

Questions or concerns may be directed to:
NC SHP MEDICAL OFFICE – 919-662-4490 – X8@NCDPS.GOV
3318 Garner Road, Raleigh NC 27601