Medical History

Applicant Instructions

Anticipated Enrollment: ☐ Fall ☐ Spring ☐ Summer Year ___

Last Name	First Name	Middle or Maiden	Preferred Name
Current Address	City/State/Zip		Birth Date
Last 4 digits of Social Security #	College Classification ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior		Marital Status ☐ Married ☐ Single ☐ Divorced

Do you have any history of the following illnesses?

☐ Asthma ☐ Epilepsy ☐ Poliomyelitis ☐ Thyroid ☐ Chickenpox ☐ Malaria
☐ Rheumatic Fever ☐ Tuberculosis ☐ Diabetes ☐ Measles ☐ Scarlet Fever ☐ Typhoid Fever
☐ Diptheria ☐ Mumps ☐ Smallpox ☐ Whooping Cough

Do you have any allergies?

Food? ☐ Yes ☐ No Please List: _____
Medicine? ☐ Yes ☐ No Please List: _____
Other? ☐ Yes ☐ No Please List: _____

Have you ever been treated for: ☐ Emotional instability ☐ Psychological problems ☐ Trauma ☐ Mental illness

List any other illnesses: _____

List any major health problems: _____

List major surgeries/procedures and give the approximate dates: _____

Do you have a physical handicap? ☐ Yes ☐ No If so, please explain: _____

Do you consider your general health good? ☐ Yes ☐ No If not, please give details _____

Are you taking any prescription or over-the-counter medications regularly? ☐ Yes ☐ No
If so, please list names, dosages, and frequency: _____

Family Health Information

	Name	Age	Occupation	Age at death	Cause of death
Father					
Mother					
Siblings					

Required Immunizations:

All students under 30 years of age taking on campus classes are required to have the following immunizations. Official shot records are required.

Meningitis (within last 5 years) Completed ☐ Yes ☐ No Date of last injection: _____

Mumps/Measles/Rubella Completed ☐ Yes ☐ No Date of first injection: _____ Date of last injection: _____
(2 Dates Required: MMR Booster required for all students.)

Polio (if under age 19) Completed ☐ Yes ☐ No Date of last injection: _____
(Poliomyelitis: Minimum of three doses (oral) with at least one dose since 4th birthday.)

TB Skin Test (within last year) Completed ☐ Yes ☐ No Date of test: _____ Results: _____