MENTAL HEALTH PROBLEMS

Has your job, sch O Yes	ooling, or military service ever been interrupted b	ecause of e	motiona	Il problems	;?
Have you ever b	een diagnosed as having an eating disorder su O No	ıch as Anoı	rexia or	Bulimia?	
Have you ever be O Yes	een hospitalized or treated with medication for a	nxiety, dep	ression,	or psychos	is
Please explain a	ny "yes" answers				
Signature					
	pelow signifies that this information is true and that you realize falsifications may result in you				
Student Signatu	ure	Date	/	/	
Parent's Signatu	ure ure (Required if applicant is under 18 years of age)	Date	/	/	
To be comp	loted by Health Care Provider				
_	leted by Health Care Provider				
It is my opinion capable of perfo	that orming a typical college student's daily routine.		is phy	sically/	
Physician's sign	ature	Date	/	/	

HEALTH RECORD

Personal Data

Name		П М	ale 🛮 Female
Mailing Address			
Phone	Birth Da	te/	/
Marital Status ☐ Single ☐ Ma	arried 🗆 Divorced	☐ Separated ☐	Remarried
Emergency Contact			
Name		Phone	
Address			
Health Insurance Information	n		
Name of Insurance Company			
Address			
Policy Number or Group Number	Ider	tification Number .	
Name and address of person on who			
Student's age at which the policy is no lor	nger effective	Student's age	now
Physician			
Name			
Address			
Phone	Specialty _		
Immunizations (Not Required)			
TB PPD (within the last 6 months)	O Negative O Pos	itive (Tine tes	t not acceptable)
If postive, chest x-ray is required. R	esult		
Rubella (German Measles) Dat	te Received	//	
Rubeola (Measles) Dat	e Received/_	/ ^t shot)	// (2 nd shot)

Diphtheria/Pertussis/Tetanus Injections. Dates F	Received:			
1/ 2/ 3/	_/ 4	_//	5/_	/
Tetanus Toxoid booster (within 10 years)	Date _	/	/	
Limitations				
Do you have a physical limitation?	O Yes	O No		
Do you have a known learning disability?	O Yes	O No		
Will you need any exemptions or special except	ions from the ru	ules of Provid	dence Bap	tist
College? Please explain any "yes" a	nswer			
Allergies				
Are you allergic to any medications, foods or suk	ostances?		O Yes	O No
If yes, please list each thing to which you are alle	ergic			
Do you have any dietary restrictions?	S O No	If yes, briefl	y describe	below.
Will you need allergy injections while at Provide	nce Baptist Col	lege?	O Yes	O No
Medications (on a regular basis)				
Please list medications, doses, and reasons for t	aking			
Will you need injections while at Providence Bap	ptist College?		O Yes	O No
If yes, what type?				
Medical Problems (please list all previous	and present m	edical probl	ems)	
Hospitalizations- please include diagnoses and o	dates			
Surgeries- Please include name of operation(s) a	and date(s)			

Pers	ona	al Health	Problems			
Have	VOU 6	ever used anv	illegal indictable or re	creatio	onal	drugs (to include marijuana)?
O Ye		_	_			e length of usage, and when last use
Have	you (ever used alc	ohol of any kind?			○ Yes ○ No
If you l	nave	partaken in al	cohol beverages, please l	list app	oroxii	mate length of usage and when last us
Prok	olen	n History				
		_				
Have	\vee OLL 6	ever had or d	lo vou now have any o	t the t	വിവ	wina?
		ever had or d	lo you now have any o			ving?
Have Yes	you (No O		lo you now have any o	f the f Yes O	ollov No	
Yes	No	Allergies	lo you now have any o	Yes	No	ving? Heart valve problem Hepatitis (If yes, type)
Yes	No O	Allergies	·	Yes	No O	Heart valve problem Hepatitis (If yes, type)
Yes	No O	Allergies Anemia (inclu	uding sickle cell anemia)	Yes O	No O	Heart valve problem
Yes O O	No O O	Allergies Anemia (inclu Asthma Bleeding disc	uding sickle cell anemia)	Yes O O	Nº 0 0 0	Heart valve problem Hepatitis (If yes, type) High blood pressure
Yes O O O	No	Allergies Anemia (inclu Asthma Bleeding diso Blindness (co	uding sickle cell anemia) orders	Yes O O O	No O O O	Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia
Yes O	Nº 0 0 0 0	Allergies Anemia (inclu Asthma Bleeding diso Blindness (co	uding sickle cell anemia) orders mplete or partial) ding leukemia, etc.)	Yes O O O	Nº 0 0 0 0 0	Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months)
Yes O O O O O	Nº 0 0 0 0 0 0	Allergies Anemia (inclu Asthma Bleeding diso Blindness (co Cancer (includ	uding sickle cell anemia) orders mplete or partial) ding leukemia, etc.)	Yes	Nº 0 0 0 0 0 0	Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones
Yes O O O O O	Nº 0 0 0 0 0 0 0 0 0	Allergies Anemia (inclu Asthma Bleeding disc Blindness (co Cancer (inclu Cystic Fibrosis	orders mplete or partial) ding leukemia, etc.)	Yes		Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones Malaria
Yes O O O O O	Nº 0 0 0 0 0 0 0 0 0	Allergies Anemia (inclu Asthma Bleeding disc Blindness (co Cancer (inclu Cystic Fibrosis	orders mplete or partial) ding leukemia, etc.) s	Yes		Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones Malaria Migraine headaches
Yes O O O O O	Nº 0 0 0 0 0 0 0 0 0	Allergies Anemia (inclu Asthma Bleeding disc Blindness (co Cancer (inclu Cystic Fibrosis	orders mplete or partial) ding leukemia, etc.) Insulin Diet control	Yes		Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones Malaria Migraine headaches Parasitic diseases
Yes	8000000	Allergies Anemia (included Asthma) Bleeding disconstitution of the control of the	orders mplete or partial) ding leukemia, etc.) Insulin Diet control	Yes		Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones Malaria Migraine headaches Parasitic diseases Pneumonia
Yes		Allergies Anemia (included Asthma) Bleeding disconstitution of the control of the	orders mplete or partial) ding leukemia, etc.) Insulin Diet control Oral medication	Yes		Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones Malaria Migraine headaches Parasitic diseases Pneumonia Rheumatoid arthritis
Yes		Allergies Anemia (includation of the content of the	orders mplete or partial) ding leukemia, etc.) Insulin Diet control Oral medication	Yes		Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones Malaria Migraine headaches Parasitic diseases Pneumonia Rheumatoid arthritis Rheumatoid fever
Yes		Allergies Anemia (includation of the content of the	orders mplete or partial) ding leukemia, etc.) Insulin Diet control Oral medication her seizure disorders complete or partial)	Yes		Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones Malaria Migraine headaches Parasitic diseases Pneumonia Rheumatoid arthritis Rheumatoid fever STD's (Syphilis, Gonorrhea, AIDS, etc.)
Yes		Allergies Anemia (includation of the content of the	orders mplete or partial) ding leukemia, etc.) Insulin Diet control Oral medication her seizure disorders complete or partial)	Yes		Heart valve problem Hepatitis (If yes, type) High blood pressure Hypoglycemia Infectious mononucleosis (past 6 months) Kidney infection or stones Malaria Migraine headaches Parasitic diseases Pneumonia Rheumatoid arthritis Rheumatoid fever STD's (Syphilis, Gonorrhea, AIDS, etc.) Thyroid trouble