

MENTAL HEALTH PROBLEMS

Has your job, schooling, or military service ever been interrupted because of emotional problems?

☐ Yes ☐ No

Have you ever been diagnosed as having an eating disorder such as Anorexia or Bulimia?

☐ Yes ☐ No

Have you ever been hospitalized or treated with medication for anxiety, depression, or psychosis?

☐ Yes ☐ No

Please explain any "yes" answers _____

Signature

Your signature below signifies that this information is true and complete to the best of your knowledge, and that you realize falsifications may result in your dismissal from Providence Baptist College.

Student Signature _____ Date ____/____/____

Parent's Signature _____ Date ____ / ____ / ____
(Required if applicant is under 18 years of age)

To be completed by Health Care Provider

It is my opinion that _____ is physically capable of performing a typical college student's daily routine.

Physician's signature _____ Date ____/____/____

HEALTH RECORD

Personal Data

Name _____ ☐ Male ☐ Female

Mailing Address _____

Phone _____ Birth Date _____/_____/_____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Remarried

Emergency Contact

Name _____ Phone _____

Address _____

Health Insurance Information

Name of Insurance Company _____

Address _____

Policy Number or Group Number _____ Identification Number _____

Name and address of person on whom the policy is written _____

Student's age at which the policy is no longer effective _____ Student's age now _____

Physician

Name _____

Address _____

Phone _____ Specialty _____

Immunizations *(Not Required)*

TB PPD (within the last 6 months) ☐ Negative ☐ Positive (Tine test not acceptable)

If positive, chest x-ray is required. **Result** _____

Rubella (German Measles) **Date Received** _____/_____/_____

Rubeola (Measles) **Date Received** ____/____/____ ____/____/____
(1st shot) (2nd shot)

1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____ 5. ____/____/____

Limitations

Allergies

Medications *(on a regular basis)*

Medical Problems (please list all previous and present medical problems)

Personal Health Problems

Problem History