MEDICAL FORM

PART 1 TO BE COMPLETED BY APPLICANT

All information received is confidential and is retained for use by medical personnel. This form must be submitted before the start of classes; it is not part of the acceptance process.

Legal Name _____

Permanent Address _____

City _____ **State/Province** _____ **Postal Code** _____

Country _____ **Home Phone** (____)_____ **Cell Phone** (____)_____

Date of Birth _____ **Place of Birth** _____ **Gender:** ❑ Male ❑ Female

Have you ever had significant or recurring instances of any of the following?

❑ Asthma	❑ Allergies	❑ Epilepsy	❑ Kidney Stones/Disease
❑ Visual Problem	❑ Hearing Loss	❑ Ulcers	❑ Migraine Headaches
❑ Anxiety/Depression	❑ Anorexia/Bulimia	❑ HIV/AIDS	❑ Mononucleosis
❑ Heart Problems/Murmer	❑ ADD/ADHD	❑ Anemia	❑ Fainting Spells/Dizziness
❑ Appendicitis	❑ Tuberculosis	❑ Polio	❑ Convulsions/Siezures
❑ Diabetes	❑ Chicken Pox	❑ Pneumonia	❑ Other additional symptoms or serious ilness (explain below)
❑ Hypoglycemia	❑ Thyroid Disease	❑ Malaria	

On a separate sheet, explain any *Yes* responses.

Please provide information concerning any dietary needs _____

_____

Have you ever been treated or hospitalized for any types of nervous or emotional disorders?
❑ No ❑ Yes (*If yes, explain on a separate sheet)*

Please check any of the following conditions that have been present in your family history.

❑ Diabetes	❑ Anemia	❑ Arthritis	❑ High Blood Pressure
❑ Epilepsy	❑ Tuberculosis	❑ Cancer	❑ Ulcer
❑ Nervous Breakdown	❑ Mental Illness	❑ Asthma	❑ Heart Disease

If you checked any of the above, please list the current condition of these relatives and their relation to you _____

_____

_____

In case of serious illness, whom should we contact?

Name _____ Relationship to You _____

Full Address _____

Home Phone (_____)_____ Cell Phone (_____)_____ Work Phone (_____)_____

Authorization for Treatment

I hereby authorize qualified personnel to give medical care while the above-mentioned student is attending Emmaus Bible College. It is understood that in the case of serious illness or accident, the family of the student will be notified. However, should it be impossible to reach the parent/guardian, and an emergency procedure is deemed necessary, it is understood, further, that the family hereby empowers the authorities of Emmaus Bible College to authorize said operation or procedure.

Applicant's Signature _____ **Date** _____

Parent or Guardian's Signature _____ **Date** _____
(if applicant is under 18)

PART 2 TO BE COMPLETED BY PHYSICIAN

Applicant's First Name _____ **Last Name** _____

Height _____ **Weight** _____ **Blood Pressure** _____ **Pulse** _____

Please describe any abnormality.

Head, face, neck, scalp _____ Skin _____

Nose and sinuses _____ Abdomen and viscera _____

Mouth and tonsils _____ Endrocine _____

Hearing _____ G.U. system _____

Ears _____ Back and extremities _____

Eyes _____ Neurological _____

Chest and lungs _____ Thyroid _____

Heart (murmer, size, sounds) _____

Please list any significant injuries or surgical procedures.

Injury or surgical procedure _____ Date (MM/YY) _____

Injury or surgical procedure _____ Date (MM/YY) _____

Injury or surgical procedure _____ Date (MM/YY) _____

Any complications of above? _____

Please give dates of most recent vaccines and/or tests.

M.M.R. _____ Tetanus-Diptheria _____

Polio Booster _____ Varicella _____

Hepatitis A _____ Hepatitis B _____

Meningococcal _____

Presently receiving treatment or medication?
❑ No ❑ Yes *(please explain)* _____

Any chronic conditions?
❑ No ❑ Yes *(please explain)* _____

Ever under the care of a mental health professional?
❑ No ❑ Yes *(please explain)* _____

Any special weaknesses or limitations?
❑ No ❑ Yes *(please explain)* _____

Do you consider the applicant's health adequate for intensive schoolwork?
❑ Yes
❑ No *(please explain)* _____

Physician's Name *(Please print)* _____

Physician's Signature _____ **Date** _____

Phone Number (_____)_____

This form should not be returned to the applicant, but should be mailed directly to:

Emmaus Bible College
Office of Admissions
2570 Asbury Road
Dubuque, IA 52001-3096