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HERITAGE BIBLE COLLEGE REPORT OF MEDICAL HISTORY

Instructions: Please complete the information below. Information will be used as an aid to provide necessary care while you are a student at Heritage Bible College. It is kept in strictest confidence and will not be released to anyone without your knowledge and written consent. All medical interactions with our services are held in the strictest of confidence. This form will not affect admission decision, but must be filled out completely before being allowed to register.

Name _____ SS# _____
(First) (Middle) (Last)

Personal Physician:	Person to Notify in Case of Emergency:
Address:	Home Phone:
Phone No:	Cell Phone:
	Work Phone:

If you are under 18 years of age and unmarried, have a parent or guardian sign below:
"In the event of an emergency, I give my permission for my son/daughter to receive necessary medical treatment"

Parent/Guardian Signature

Date

Check any of the following that you are experiencing currently: Give dates and specifics.

- | | | |
|--|-------------------------------------|--|
| <input type="radio"/> Drug addiction | <input type="radio"/> Tuberculosis | <input type="radio"/> Allergies |
| <input type="radio"/> Diabetes | <input type="radio"/> Epilepsy | <input type="radio"/> Heart Disease |
| <input type="radio"/> Migraine Headaches | <input type="radio"/> Typhoid Fever | <input type="radio"/> Asthma |
| <input type="radio"/> Hypertension | <input type="radio"/> Dizziness | <input type="radio"/> Emotional/nervous problems |

Do you have any other physical/emotional conditions that have required a physician's attention?

Yes No

Explain: _____

- Please list any chronic health problems requiring current and ongoing treatment.
A. _____
B. _____
C. _____
- List any medication you use regularly
A. _____
B. _____
(Please see reverse side)
- List any drug allergies
A. _____

- B. _____
 C. _____
 D. _____

4. Do you have a psychological or psychiatric problem that has required treatment or therapy with the past two year? If yes, please give the details and use a separate sheet of paper if you need additional space.

5. List any restrictions of physical activity ever recommended for you. A. _____
 B. _____
 C. _____

Were you ever excused from Physical Education in a former school? Yes No

6. Do you require a special diet? Explain: _____

IMMUNIZATIONS REQUIRED FOR ADMISSION TO COLLEGE

North Carolina state law requires that all new undergraduate students entering college must have certain required immunizations. Immunization records must be kept on file at the college. Students are required to present proof of immunization.	Students in North Carolina may obtain copies of their immunization records from their high school. If they meet minimum requirements of North Carolina law for students in grades K-12, they are acceptable for college entrance.
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A. Students 17 years of age and younger	B. Students born in 1957 or later and 18 years of age or older.	C. Students born prior to 1957.
REQUIRED: 3 DTP (Diphtheria, Tetnus, Pertussis or TD (Tetanus-diphtheria) doses. One TD dose must have been within the last 10 years. 3 Polio (oral) doses 2 Measles (Rubeola) doses, on or after the first birthday.* 1 MUMPS 1 RUBELLA dose.**	REQUIRED: 3 DTP or TD doses. One TD dose must have been within the last 10 years. 3 Polio (oral) doses 2 Measles (Rubeola) doses, on or after the first birthday.* 1 MUMPS 1 RUBELLA dose.**	REQUIRED: 3 DTP or TD doses. One TD dose must have been within the last 10 years. 1 RUBELLA dose.**/****
* History of physician diagnosed measles is acceptable ** Physician diagnosed rubella disease is not acceptable. Only laboratory proof of immunity to rubella is acceptable. *** Rubella dose not required for students 50 years of age or older.		

STATEMENT BY STUDENT:

I hereby attest that this medical history is true and complete to the best of my knowledge.

Signature of Applicant _____ **Date** _____