

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 other than college officials without your knowledge and written consent. **It is not necessary to obtain a physical examination or for your physician to complete or sign this form. Audit, online-only, and extension students are exempt from requirement to submit medical history form.**

Name _____ SSN _____
(First) (Middle) (Last)

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

Check any of the following that apply to you or have applied in the past: Give dates and specifics.

- | | | |
|--|-------------------------------------|--|
| <input type="radio"/> Tuberculosis | <input type="radio"/> Allergies | <input type="radio"/> HIV/AIDS |
| <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 |
| <input type="radio"/> Other (specify): _____ | | |

Do you have any other physical/emotional conditions that may require immediate medical care?

Yes No

Explain: _____

- Please list any chronic health problems requiring current and ongoing treatment
A. _____
B. _____
C. _____
- List any medications you use regularly (prescribed or over-the-counter)
A. _____
B. _____
- List any drug allergies.
A. _____
B. _____
C. _____
D. _____

(Please see reverse side)

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

2. 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

If yes, please explain: _____

6. Do you require a special diet? Yes No
If yes, please explain: _____

7. Heritage Bible College offers reasonable accommodations for students with disabilities within the limits of available resources. Do you need any special accommodations due to medical conditions? Yes No
If yes, please complete and return the Student Accommodations Request Form in this packet.

**Immunizations Required for Admission to College
(PLEASE SEE IMMUNIZATION INFORMATION SHEET
For required immunizations and exemptions)**

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 immunizations within 30 days of the beginning of classes. Students who do not present required documentation will be suspended from attending classes.

Students in North Carolina may be able to obtain copies of their immunization records from their high school. If any required shots have not been received or cannot be documented, present any records you have and the Immunization Information Sheet to your physician or the local health department to update your immunizations.

NOTE: AUDIT, ONLINE-ONLY & EXTENSION STUDENTS ARE EXEMPT FROM IMMUNIZATION REQUIREMENTS.

Statement by student:

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

Signature of Applicant _____ *Date* _____

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.”

Print Name

Parent/Guardian Signature _____ Date _____