

HEALTH QUESTIONNAIRE

Name _____ Date _____
(Please Print) Last First Middle Initial Month/Day/Year

Address while attending College (if known) _____
Number Street City Zip Code

Telephone _____ Male _____ Female _____ Birthdate _____
Month/Day/Year

EMERGENCY CARE: In case of emergency, school officials are authorized to provide what they deem to be appropriate emergency care and licensed physicians and hospitals to provide treatment as needed.

Student's Signature _____ Parent's or Guardian's Signature _____
(If student is OVER 21 yrs.) (If student is UNDER 21 yrs.)

Person to be notified in case of emergency: _____
(Living in the US) Last Name First Middle

His or her home address: _____
Number Street City State Zip Code

His or her phone number: _____

Do you have any conditions that require special diet, activity, restrictions or other special needs?

Explain special health problems (if any) _____

Do you have any physical condition which would prevent or restrict your participation in physical education classes at the College? (If yes, explain) _____

Are you allergic to any medications? (If yes, please list): _____

Are you taking any medications? (If so please list them if we should be aware of them in case of an emergency): _____

Do you have a visual impairment? Yes ___ No ___ If yes, give nature or difficulty _____

Do you have a hearing disability? Yes ___ No ___ If yes, give severity _____

•Proof of negative PPD/Mantoux Tuberculosis skin test or normal chest x-ray is required prior to enrollment (From last 6 months) (Attach copy of skin test or X-ray report, please do not send X-rays)

Date of last skin test _____ Reaction _____ Date of last chest x ray _____
Result: _____

Immunizations:

- Recommended:
- Poliomyelitis (Send immunization record if available)
 - Measles, Mumps & Rubella (MMR)- (Can be given at the College upon arrival at no cost)
2 Doses, Dates: _____ and _____
 - Meningitis vaccination, Date: _____
 - Hepatitis A & B vaccination, Date: _____
 - Tetanus – Diphtheria vaccinations (within past 10 years), Date: _____

I certify to the best of my knowledge that the information shown above is correct:

Signature _____ Date: _____