



MARYLAND BIBLE COLLEGE & SEMINARY

Emergency Medical History Information

STUDENT INFORMATION

Applicant's Full Name (IN PRINT): _____ DOB (MM/DD/YYYY): ____/____/____

Place of Birth: _____ Citizenship: _____ Passport Number: _____

Last 4 Digits of SSN (if any): _____ Email: _____

Permanent Address: _____ City: _____

State: _____ Country: _____ Postal Code: _____

Phone Number: (_____) _____ Email: _____

Mailing Address (if different from address listed above):

Address: _____ City: _____

State: _____ Country: _____ Postal Code: _____

Phone Number: (_____) _____ Email: _____

EMERGENCY CONTACT

Full Name (in PRINT): _____

Relation to Student: _____

Address: _____ City: _____

State: _____ Country: _____ Postal Code: _____

Phone Number: (_____) _____ Email: _____

INSURANCE CARRIER

Do you have health insurance? Yes No

If yes, please provide the following:

Insurance Carrier: _____ Policy Number: _____

IMMUNIZATIONS / SPECIAL CONDITIONS

Have you been immunized for the following? (Give approximate dates)

- Smallpox _____
- Diphtheria _____
- Mumps _____

- Tetanus _____
- Typhoid _____
- Polio _____

In addition:

- Do you require special housing conditions? Yes No
- Do you have impaired hearing? Yes No
- Do you have any visual impairments? Yes No
- Do you require a wheelchair? Yes No

If you have any other special limitations or conditions, please explain: _____

PAST ILLNESSES (Give approximate dates if available)

Allergy	_____	Amebic Dysentery	_____
Asthma	_____	Chicken Pox	_____
Epilepsy	_____	Frequent Colds	_____
Chronic Sore Throat	_____	German Measles	_____
Hay Fever	_____	High / Low Blood Pressure	_____
Infectious Mononucleosis	_____	Kidney Trouble	_____
Malaria	_____	Measles	_____
Mumps	_____	Pleurisy	_____
Pneumonia	_____	Polio	_____
Rheumatic Fever	_____	Scarlet Fever	_____
Sinusitis	_____	Skin Trouble	_____
Stomach Trouble	_____	Typhoid Fever	_____
Tuberculosis Fever	_____	Venereal Disease	_____
Whooping Cough	_____	Last Chest X-Ray	_____
Other: _____		Tuberculosis Test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

PERSONAL HISTORY

1. Have you had chronic or severe headaches during the past three years? Yes No
Psychotherapy? Yes No Dates: _____ Was medication prescribed? Yes No
Hospitalized? Yes No Dates: _____ Diagnosis: _____
2. Have you ever discontinued study or employment because of physical or mental illness? Yes No
If yes, please give dates and explain: _____
3. Have you used non-prescription/non-OTC drugs during the past twelve months? Yes No
If yes, please explain: _____
4. Are you taking any medication? Yes No
If yes, please explain: _____
5. Do you have apprehension in regard to your health? Yes No
If yes, please explain: _____
6. Are there other medical issues that we should know about? Yes No
If yes, please explain: _____
7. Do you have any physical health issues or learning conditions that affect your ability to benefit from college? Yes No If yes, please explain: _____

WAIVER: I understand that the truthfulness of my statements above may affect my status at Maryland Bible College & Seminary. I understand that I could be dismissed for false, incomplete, or misleading statements. To the best of my knowledge, the above information is complete and accurate.

Applicant Signature: _____ Date (MM-DD-YYYY): ____/____/____