

Student Health Record



INSTRUCTIONS: TO BE COMPLETED BY STUDENT, AND RETURNED TO ADMISSIONS OFFICE

AMBASSADOR COLLEGE • ADMISSIONS OFFICE

LAST NAME			FIRST NAME			MIDDLE NAME		
PERSON TO BE NOTIFIED IN EVENT OF SERIOUS ILLNESS OR ACCIDENT:						RELATIONSHIP		BUSINESS PHONE
ADDRESS			CITY	STATE	ZIP CODE	AREA CODE	HOME PHONE	
FAMILY PHYSICIAN				CITY	STATE		PHONE	
DURING RECENT YEARS, HOW HAVE YOU CONSIDERED YOUR GENERAL HEALTH?						YOUR HEIGHT		YOUR WEIGHT
<input type="checkbox"/> EXCELLENT		<input type="checkbox"/> GOOD		<input type="checkbox"/> FAIR		<input type="checkbox"/> POOR		
HAVE YOU EVER HAD A PSYCHIATRIC OR EMOTIONAL PROBLEM?		YES	IF YES, WHEN AND TO WHAT EXTENT?					
		NO						
HAVE YOU EVER EXPERIMENTED WITH DRUGS OF ANY KIND?		YES	IF YES, WHAT KIND?					
		NO						
DESCRIBE THE EXTENT YOU HAVE USED DRUGS.								
HAVE YOU EVER RECEIVED TREATMENT FOR DRUG ADDICTION?		YES	IF YES, WHEN?	WHERE? GIVE NAME OF INSTITUTION				
		NO						
ARE YOU IN THE HABIT OF USING TOBACCO IN ANY FORM?		YES	IF YES, EXPLAIN					
		NO						
HAVE ANY OF YOUR BROTHERS, SISTERS, PARENTS, CHILDREN OR YOUR SPOUSE SUFFERED FROM DIABETES, EPILEPSY, TUBERCULOSIS, MENTAL ILLNESS, OR CANCER?								YES
								NO
IF YES, GIVE RELATIONSHIP AND DESIGNATE WHICH DISEASE.								

CHECK Y (YES) OR N (NO) IF YOU HAVE HAD THE FOLLOWING. IF YES, GIVE AGE.

Y	N	AGE		Y	N	AGE		Y	N	AGE		Y	N	AGE	
			RUPTURE, HERNIA				INSOMNIA				NERVOUSNESS				CHEST PAINS
			SCARLET FEVER				FREQUENT ANXIETY				APPENDECTOMY				STOMACH TROUBLE
			MEASLES				CONSTIPATION				TONSILLECTOMY				ALLERGY-MEDICATION
			GERMAN MEASLES				CHRONIC COUGH				JAUNDICE				ALLERGY-FOOD
			MUMPS				HEART PALPITATION				TUBERCULOSIS				DEPRESSION
			CHICKEN POX				FAINTING				SHORT BREATH				RHEUMATIC FEVER
			MALARIA				VENEREAL DISEASE				HIGH BLOOD PRESS.				RECENT GAIN WEIGHT
			SINUSITIS				PARALYSIS				LOW BLOOD PRESS.				RECENT LOSS WEIGHT
			HAY FEVER, ASTHMA				GALLSTONES				BACK PROBLEMS				GUM/TOOTH TROUBLE
			TUMOR, CANCER				RECURRENT COLDS				"TRICK" KNEE				"TRICK" ANKLE

CERTIFY THAT THE ANSWERS TO THE QUESTIONS ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT WILFUL FALSIFICATION COULD BE GROUNDS FOR DISMISSAL.

SIGNATURE OF APPLICANT	DATE
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