MEDICAL HISTORY

GOLDEN STATE BAPTIST COLLEGE

Mail to Admissions Office
Golden State Baptist College, 3520 De La Cruz Blvd., Santa Clara, CA 95054

Please type or print in ink. Please fill out completely.

Name: _____
Last *First* *Middle*

Mailing Address: _____
Street *City* *State* *Zip*

Telephone Number: (_____) _____

Marital Status: ☐ Single ☐ Married Gender: ☐ Male ☐ Female Age: _____

Birth Date: _____ / _____ / _____ Social Security Number: _____ *(Last 4 digits)*

Do you intend to enroll: ☐ Part-time? ☐ Full-time? Do you intend to live in the dormitories? ☐ Yes ☐ No

Do you have medical insurance? ☐ Yes ☐ No

Medical insurance company: _____

Address: _____
Street *City* *State* *Zip*

Telephone Number: (_____) _____

Policy #: _____ Identification #: _____

I am currently taking medication prescribed by a physician. ☐ Yes ☐ No

I have been hospitalized in the past two years. ☐ Yes ☐ No

MEDICAL HISTORY

Have you had any injuries? ☐ Yes ☐ No *(If yes, please list them)* _____

_____

Have you had any surgeries? ☐ Yes ☐ No *(If yes, please list them)* _____

_____

List any medications you take regularly: _____

List all foods and medications you are allergic to: _____

Have you ever sought psychiatric counsel? ☐ Yes ☐ No *(If yes, please explain in a separate letter, include circumstances, and list any medications prescribed.)*

IMMUNIZATIONS

(Please give month and year)

DPT (Diphtheria, Whooping Cough, Tetanus): Month: _____ Year: _____

OPV (Oral Polio): Month: _____ Year: _____

Measles (Rubeola): Month: _____ Year: _____

German Measles (Rubella): Month: _____ Year: _____

Tuberculosis (within the last 6 months): Month: _____ Year: _____

Results: _____

_____

...continued on next page

STUDENT HISTORY

(Indicate the conditions you have had with an X in the ☐)

- ☐ AIDS or HIV positive
- ☐ Allergies
- ☐ Anemia
- ☐ Arthritis
- ☐ Chest Colds (frequent)
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Diphtheria
- ☐ Drug Flashbacks
- ☐ Epilepsy
- ☐ Fainting Attacks
- ☐ Head Colds (frequent)
- ☐ Headaches (frequent)
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Jaundice
- ☐ Kidney or Bladder Disease
- ☐ Liver Disease
- ☐ Low Blood Pressure
- ☐ Malaria
- ☐ Measles
- ☐ Mumps
- ☐ Pleurisy
- ☐ Pneumonia
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Service with U.S.A. overseas
- ☐ Sinus Disease
- ☐ Thyroid Disease
- ☐ Tonsillitis (frequent)
- ☐ Trouble With Eyes
- ☐ Tuberculosis
- ☐ Typhoid Fever

FAMILY HISTORY

(Indicate if your parents, grandparents, brothers or sisters have been diagnosed)

- ☐ Allergy
- ☐ Arthritis
- ☐ Brain Tumors
- ☐ Cancer
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Leukemia
- ☐ Mental Disease

OTHER INFORMATION

Please list all other medical and health information that the staff of Golden State Baptist College should be concerned.

_____
_____
_____
_____
_____
_____
_____

Your signature below signifies that this information is true and complete to the best of your knowledge.

Student's signature: _____ Date: _____ / _____ / _____

Parent's signature (if under 18): _____ Date: _____ / _____ / _____