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: (_____) _____

Birth Date: _____ / _____ / _____ Social Security Number: _____-_____-_____

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: _____ Policy #: _____

History of Injuries: Give a short account. If none, indicate "none." _____

_____

History of Operations: If any, what? when? If none, indicate "none." _____

_____

List any medications you take regularly: _____

Are you allergic to any medications? _____

Have you ever sought psychiatric counsel? ☐ Yes ☐ No *If yes, please explain in a separate letter, including circumstances and medication which was given.*

Student History

(Check those you have had with an X)

- ☐ 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

(Parents, grandparents, brothers and sisters)

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