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: ___________ *(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: ______________________ 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? ______________________

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