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: _______ / _______ / _______

Do you have medical insurance? ☐ Yes ☐ No

Policy #: ______________________ Identification #: ______________________

EMERGENCY CONTACT

Name: ____
Last *First* *Middle*

Telephone Number: (_______) ______________________ Relation: ______________________

MEDICAL HISTORY

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

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

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

____

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

____

Have you ever lost consciousness? ☐ Yes ☐ No *(If yes, please explain and state the last time)* ______________________

____

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.)*

...continued on back

STUDENT HISTORY

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

- ☐ AIDS or HIV positive
- ☐ Allergies
- ☐ Anemia
- ☐ Anxiety/Panic Attacks
- ☐ 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
- ☐ 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)

- ☐ Allergies
- ☐ 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 about which the staff of Golden State Baptist College should know.

____

____

____

____

____

____

____

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

Student's signature: ________________________________ Date: _______ / _______ / _______