

INDIANA BIBLE COLLEGE

CONFIDENTIAL HEALTH HISTORY

APPLICANT INFORMATION

Full Name _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Date of Birth ____/____/____ S.S. # _____ Male Female

Emergency Contact

Full Name _____ Relationship _____

Address _____

Home Phone _____ Work/Cell Phone _____

Primary Care Physician

Name _____

Office Address _____

Office Phone _____ Fax _____

HEALTH HISTORY

1. Do you have any allergies? Yes No

If yes, please explain the type of allergies and any medications taken or prescribed as treatment for them.

2. Do you have any chronic illnesses, communicable diseases, or other major health problems? Yes No

If yes, please explain.

3. Do you have any physical, mental or emotional condition or disability that would restrict your ability to participate in regular day-to-day activities or classes at IBC? Yes No

If yes, please explain.

4. List any prescription medications that you take on a regular basis.

HEALTH HISTORY CONT.

5. Do you have any health issues or physical or mental conditions that require special attention or continuing treatment?

Yes No

If yes, please explain.

5. Do you drink alcohol or smoke or use tobacco of any kind?

Yes No

6. Do you use illegal drugs or use prescription drugs or over-the-counter medication in an illegal manner? Yes No

INSURANCE INFORMATION

Are you covered by health insurance?

Yes No

Name of Insurance Company _____

Address _____

Phone _____ Policy # _____ Group # _____

Name on Insurance Card _____

CERTIFICATION & SIGNATURE

I hereby certify that the information contained in this Confidential Health Form is true and accurate to the best of my knowledge. Further, I agree to promptly notify IBC of any changes to the information contained in this form. Finally, I understand and agree that IBC does not provide health insurance coverage for me and that if I desire health insurance coverage, I am responsible for obtaining and for the cost of any such insurance.

Applicant's Signature _____ Date _____