

APPLICANT MEDICAL REPORT

APPALACHIAN BIBLE COLLEGE

161 College Drive, Mount Hope, West Virginia 25880
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**APPALACHIAN
BIBLE COLLEGE**

Because Life is for Service...

Instructions: While a physician's medical exam is not required for completion of this form, it is wise to schedule one before leaving home. After completing this Medical, mail it directly to the Director of Admissions at the address listed. You will not be evaluated for **Final Acceptance** until we have received this Medical report.

Applicant's Name (print)

Age

Gender

IMMUNIZATION DATES

The West Virginia Higher Education Policy Commission requires the MMR (Measles, Mumps and Rubella) immunization(s). *[If you have difficulty locating your immunization dates, you may need to contact your current or childhood physician for help.]* A TB Tine or PPD (Tuberculosis testing) within a year prior to enrollment, is also required. A date must be entered on each of the following blanks:

Measles _____ Mumps _____ Rubella _____

TB (Tine) Test _____ Polio _____ Tetanus _____

OTHER (specify) _____

GENERAL HEALTH QUESTIONS

1. () yes () no To the best of your knowledge, are you free from any communicable disease?
If no, state the condition: _____
2. () yes () no Is there any reason why you should not participate in physical education classes?
If yes, please explain: _____
(Exemption from physical education requires a physician's written request.)
3. () yes () no Do you have physical conditions, limitations, or handicaps that might prevent your participation in a full-time college study situation?
If yes, please explain: _____
4. () yes () no Have you ever discontinued school for health reasons?
If yes, please explain: _____
5. () yes () no Have you ever been advised to change your residence, school, or occupation because of health reasons?
If yes, please explain: _____
6. () yes () no Have you been hospitalized within the last two years?
If yes, please explain: _____

Page two on the reverse of this form must also be completed.

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SIDE TWO



*7. () yes () no Have you ever been under psychiatric care/treatment?
If yes, please explain: _____
If yes, please state the time frame of your treatment: _____
If you are currently using prescribed anti-psychotic medication(s), please list: _____

*Please note that we do not view "yes" answers to #7 as negative. Our understanding of your situation will help us guide you in your transition to college. If you prefer not to answer #7, please contact the Director of Admissions to assist you with scheduling a time to directly communicate with our College Nurse.

8. () yes () no Have you traveled outside the U.S. within the last two years?
If yes, please explain: _____
If yes, have you noticed any resulting physical symptoms? _____

GENERAL CONDITION OF YOUR HEALTH:

Excellent Good Fair Poor

CERTIFICATION OF HEALTH REPORT

I certify that the information contained on this form, to the best of my knowledge, is both accurate and complete.

_____	_____
<i>Applicant Signature</i>	<i>Date</i>
_____	_____
<i>Parent/Guardian Signature (if applicant is under 18)</i>	<i>Date</i>

MEDICAL EMERGENCY AUTHORIZATION

In the event of emergency:

I give my permission I do not give my permission

for the College Nurse, or other responsible officials of Appalachian Bible College, to act, or give authorization in my behalf, to a physician or licensed paramedic, to take whatever emergency measures necessary for the well-being of _____ during his/her enrollment at ABC.

Applicant

_____	_____
<i>Signature of Applicant</i>	<i>Date</i>
_____	_____
<i>Parent/Guardian Signature (if applicant is under 18)</i>	<i>Date</i>