

STUDENT HEALTH FORM

Magnolia Bible College * P.O. Box 1109 * Kosciusko, MS 39090

1-800-748-8655

INSTRUCTIONS: Complete the following health questions and return to:
 Director of Admissions P.O. Box 1109 Kosciusko, MS 39090

Name _____ Male _____ Female _____ Single _____ Married _____
 Address _____ Social Security Number _____
 City, State, Zip _____ Phone Number (_____) _____
 Date Of Birth _____ Insurance Provider/Number _____

I HAVE HAD THE FOLLOWING: (Check YES Or NO)

	YES	NO		YES	NO		YES	NO
Chicken Pox	___	___	Whooping Cough	___	___	Frequent Headaches	___	___
Measles*	___	___	Skin Disease	___	___	Menstrual Problems	___	___
Mumps	___	___	Heart Disease	___	___	Require Glasses	___	___
Asthma	___	___	Kidney Disease	___	___	VACCINATIONS	YES/NO	DATE
Polio	___	___	Scarlet Fever	___	___	Small Pox	___	___
Diabetes	___	___	Rheumatic Fever	___	___	Polio	___	___
Hay Fever	___	___	Tuberculosis	___	___	Typhoid	___	___
Pneumonia	___	___	Otitis Media (ear)	___	___	Tetanus	___	___
Epilepsy	___	___	Nervous Disease	___	___	Flu	___	___
Bone Disease	___	___	Joint Disease	___	___	Diphtheria	___	___
						Meningitis	___	___

* Students born after 1957 must be immunized against the measles twice after their first birthday. For most students that will require a second shot, preferable the measles, mumps and rubella (MMR) vaccine.

FAMILY HISTORY

Cancer _____ Diabetes _____ Heart Disease _____ Kidney Disease _____ Tuberculosis _____
 Nervous and Mental _____ Other _____

I HAVE HAD THE FOLLOWING INJURIES OR SURGERY (Month / Year)

 I HAVE NO PHYSICAL COMPLAINTS AT THE PRESENT EXCEPT

 I AM PRESENTLY TAKING THE FOLLOWING PRESCRIBED DOSAGE OF MEDICATION

 I HAVE THE FOLLOWING ALLERGIES (Medications, Penicillin, Bee Stings, Poison Ivy, Etc.)

 IN CASE OF EMERGENCY CONTACT

* All information submitted will be kept in confidence.

DATE (Month / Day / Year) _____ STUDENT SIGNATURE _____