Name_____ City_____ Phone_____

Medical Information

Height_____
Weight_____
Date of Birth_____

Travel Insurance

Name_____
Policy Number_____
Phone_____

Doctor

Name_____
Phone_____
Date of Last Tetanus Booster_____

Emergency Contact

Name_____
Phone_____
Cell Phone_____

List all current Medication_____
List all Medication taken regularly in the past 3 years_____
List all allergies and severity_____
Restrictions in physical activity_____
Was applicant absent from school for significant periods of time due to health? ☐Yes ☐No
If yes, please explain_____
Was applicant admitted to hospital or surgery in the past 3 years? ☐Yes ☐No
If Yes, please explain_____

In the past 3 Years, has applicant experienced / is currently experiencing any of the following

ADD / ADHD	☐Yes	☐No	Concussion	☐Yes	☐No	Kidney Disease	☐Yes	☐No
Asthma	☐Yes	☐No	Depression / Anxiety	☐Yes	☐No	Learning Disabilities	☐Yes	☐No
Back / Neck Pain	☐Yes	☐No	Diabetes	☐Yes	☐No	Menstrual Difficulties	☐Yes	☐No
Blackouts / Fainting	☐Yes	☐No	Hearing Problems	☐Yes	☐No	Mental Health Issues	☐Yes	☐No
Bleeding Disorder	☐Yes	☐No	Epilepsy / Seizures	☐Yes	☐No	Sinus Infection	☐Yes	☐No
Chest Pain	☐Yes	☐No	Headaches / Migraines	☐Yes	☐No	Eating Disorder	☐Yes	☐No
Crohn's / Colitis / IBS	☐Yes	☐No	Heart Condition	☐Yes	☐No	Other (Please Specify)	☐Yes	☐No

If you responded Yes to any of the above, please explain_____

Specialist following above conditions

Name _____ Phone_____

_____ _____
Signature of Examining Doctor Date

I hereby authorize the seminary principal to speak to the above Doctor, if deemed necessary, in order to assess applicants ability to attend and dorm in the seminary. I authorize the seminary administration to use medical, surgical, or dental services, at their discretion, for the health and the well-being of the student. I will be responsible to cover the costs, and will handle all claims with my travel insurance company. Please be advised that if there were health issues that were not brought to the administration's attention, it may become necessary to prematurely terminate the students school year. I affirmed the above medical information is accurate.

_____ _____
Signature of Parent Date

_____ _____
Signature of Student Date