

CONFIDENTIAL

Calvary Baptist Bible College STUDENT HEALTH CERTIFICATE

TO BE FILLED OUT BY THE STUDENT

Name of Applicant _____ Age _____ Sex _____

Date of Birth _____ Place of Birth _____
Year/Month/Day

I. HISTORY

1. Do you have any of the following issues? (Please check those applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Sore throat, colds, coughs | <input type="checkbox"/> Dysmenorrhea |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Stomach disturbances | <input type="checkbox"/> Other symptoms |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Tires easily |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Loss of weight | |

2. Do you require a special diet? _____ If so, describe _____

3. Have you had the following?

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Measles | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Smallpox | <input type="checkbox"/> Malaria | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Amebic or bacillary dysentery | <input type="checkbox"/> Typhoid | |

4. Other serious illness or diseases _____

5. Any skin diseases? _____

6. List all prescription drugs you are now taking. _____

Immunizations Required for Admission to College

North Carolina state law requires that all new undergraduate and graduate students entering college must have certain required Immunizations. Immunization records must be kept on file at the college. Students taking both

day and night classes are required to present proof of Immunization. Students attending only night classes and/or off-campus courses are exempt from this law. Students in North Carolina may obtain copies of their

Immunization records from their high school. If they meet the minimum requirements of North Carolina law for students in grades K-12, they are acceptable for college entrance.

<p>A. STUDENTS 17 YEARS OF AGE AND YOUNGER. REQUIRED: 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus-diphtheria) doses 3 POLIO (oral) doses. 1 MEASLES (Rubella) dose, on or after the first birthday. 1 RUBELLA dose. RECOMMENDED: 1 Td dose within the last 10 years.</p>	<p>B. STUDENTS 18 through 29 YEARS OF AGE. REQUIRED: 3 DTP or Td doses 1 MEASLES (Rubella) dose, on or after the first birthday. 1 RUBELLA dose. RECOMMENDED: 1 Td dose within the last 10 years</p>	<p>C. STUDENTS 30 YEARS OF AGE AND OLDER. REQUIRED: 3 DTP or Td doses RECOMMENDED: 1 Td dose within the last 10 years</p>
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