



**THE COLLEGE AT
SOUTHEASTERN**
A School of Southeastern Baptist Theological Seminary

MEDICAL INFORMATION

(to be completed by applicant)

We want to work in the most effective manner possible with each student and request that you furnish the following information. Type or print with black or blue ink and answer all the questions to the best of your ability.

Full name _____

Social Security Number _____ Date of Birth _____

Have you had or do you have any of the following?

If yes answer is given to any question below, please give more information on back of form.

	Yes	No		Yes	No
Arthritis	_____	_____	Kidney Trouble	_____	_____
Diabetes	_____	_____	Anemia	_____	_____
Epilepsy or Convulsions	_____	_____	Cancer	_____	_____
Abnormal Blood Pressure	_____	_____	Asthma	_____	_____
Paralysis	_____	_____	Ear, Nose, or Throat Trouble	_____	_____
Heart Trouble	_____	_____	Eye Trouble	_____	_____
Tuberculosis	_____	_____	Fainting Spells	_____	_____

Is your physical activity restricted? _____

Have you any disease or condition for which continuing medication or treatment is required? _____

Are you postponing medical treatment? _____

Do you have any allergy or known sensitivity or intolerance? _____

Do you have any communicable disease? _____

Has treatment been received or recommended for nervous, psychiatric, or emotional problems? _____

Do you require special assistance because of a physical disability? _____

Are there health factors which would make it difficult for you to carry a full program of studies while at college? _____

Signature

Date