

New England Bible College Student Medical Record

Name: _____ Date: _____

Date of birth: _____ Weight: _____ Height: _____

Do you presently have any of the following medical conditions? Please list medications or precautions required.

Asthma _____

Allergies _____

Diabetes _____

Epilepsy/ seizures _____

Heart Problems/ high blood pressure _____

Other medications _____

Do you have any physical disabilities that may require considerations? No _____

Yes (please explain) _____

Have you used any controlled substances (i.e. marijuana, heroin, cocaine, etc.) within the past two years? No _____ Yes (please explain) _____

Relationship to student: _____

I certify that this record is accurate and complete to the best of my knowledge.

Student's signature _____ Date _____

NEW ENGLAND BIBLE COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, COLOR, RACE, ETHNIC, OR NATIONAL ORIGIN IN THE RECRUITMENT AND ADMISSION OF STUDENTS