New England Baptist College

Student Health Profile

Personal Information

Name _____ Date of Birth _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Emergency Contact

Name _____ Phone ( ) _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Insurance Information *(required prior to registration)*

Company _____ Group/Policy _____

Policyholder _____ S.S. # _____

(All dormitory students are required to have hospitalization insurance.)

General Information

Prescription medications taken regularly require a written physician's explanation.

Previous Physicians

Name _____ Specialty _____

_____

Address City State Zip Code

Name _____ Specialty _____

_____

Address City State Zip Code

Limitations

Do you have a physical limitation or a known learning disability? ❑ Yes ❑ No

If so, please explain. _____

_____

1541 West Street ✵ Southington, CT 06489
860-621-6701 ✵ nebc@centralbaptistchurch.net

IMMUNIZATIONS (required prior to attendance)

TB PPD (within the past 6 months) ❑ Negative ❑ Positive (Tine test is not acceptable)

If positive, chest x-ray is required. Result _____

Rubella (German Measles) Date Received _____

Ruboela (Measles) 1st shot Date Received _____ 2nd shot Date Received _____

Diphtheria / Pertussis / Tetanus injections. Dates Received:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Tetanus Toxoid booster (within 10 years) Date: _____
Meningitis Vaccination (required for all dormitory students in CT) _____

ALLERGIES

Are you allergic to any medication, food, or substance? ❑Yes ❑No
If yes, please specify each allergy. _____

_____

Will you need allergy injections during the semester? ❑Yes ❑No

MEDICATIONS

List prescriptions medications used on a regular basis, doses, and reasons for taking._____

_____

Will you need injections while attending New England Baptist College? ❑Yes ❑No

If so, specify the type of injection. _____

PREVIOUS AND PRESENT MEDICAL PROBLEMS

Hospitalizations - Please include diagnosis and dates. _____

_____

Surgeries - Please include type of operation(s) and dates._____

_____

Injuries - Please include type, complications, any permanent disabilities and dates. _____

_____

MENTAL HEALTH

Yes	No	
❑	❑	Has your job or schooling ever been interrupted because of emotional problems?
❑	❑	Have you ever been diagnosed with an eating disorder such as anorexia or bulimia?
❑	❑	Have you ever been hospitalized or treated for anxiety, depression, or psychosis?

Explain any "Yes" answers. _____

_____

PREVIOUS AND PRESENT MEDICAL PROBLEMS *(continued)*

Have you ever used any illegal, injectable, or recreational drugs? ❑Yes ❑No
If so, list the type of drug, approximate length of usage, and when last used. _____

_____

_____

Have you ever used alcohol on a regular basis? ❑Yes ❑No
If so, please list approximate length of usage and when last used. _____

_____

MEDICAL HISTORY *(check any condition you presently or previously have suffered)*

Yes	No		Yes	No	
❑	❑	Allergy	❑	❑	Heart valve problem
❑	❑	Anemia (including sickle cell anemia)	❑	❑	Hepatitis
❑	❑	Asthma	❑	❑	Herpes
❑	❑	Bleeding disorder	❑	❑	High blood pressure
❑	❑	Blindness (complete or partial)	❑	❑	Hypoglycemia
❑	❑	Cancer (including Leukemia, Hodgkin's disease)	❑	❑	Infectious mononucleosis (past 6 months)
❑	❑	Cystic Fibrosis	❑	❑	Kidney infection or stone
❑	❑	Diabetes	❑	❑	Malaria
❑	❑	Diet Control	❑	❑	Migraine headaches
❑	❑	Insulin	❑	❑	Parasitic disease _____
❑	❑	Oral Medication	❑	❑	Pneumonia
❑	❑	Dysentery	❑	❑	Polyps of the colon
❑	❑	Epilepsy or other seizure disorder	❑	❑	Rheumatic fever
❑	❑	Glaucoma	❑	❑	Rheumatoid arthritis
❑	❑	Hearing loss (complete or partial)	❑	❑	Stomach ulcers
❑	❑	Heart disease	❑	❑	Thyroid trouble
❑	❑	Heart murmur	❑	❑	Tuberculosis

Give details for any "Yes" answers. _____

_____

_____

_____