

MASSILLON BAPTIST COLLEGE  
Dormitory Student  
Health and Medical Information

Print all information neatly.

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Name of insurance company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to insured: \_\_\_\_\_

**HEALTH HISTORY**

Allergies (list all that are known)

Medication allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other allergies: (bee stings, pollen, asthma, animals, etc)

\_\_\_\_\_

Please circle those things that pertain to you currently or in the past:

Asthma                      Diabetes                      Ear Infections                      Fainting                      Seizures  
Menstrual Problems                      Headaches                      Nose Bleeds                      Inhaler/Bronchodilator

Other problems supervisors should know about: \_\_\_\_\_

**MEDICATIONS**

Medications you take regularly: \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency, please contact:

\_\_\_\_\_  
Name    Phone    Relationship

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date