

# APPALACHIAN BIBLE COLLEGE

## Applicant Medical Report

Appalachian Bible College, 161 College Drive, Mount Hope, WV 25880  
Phone: 800-6789-ABC - Fax: 304-877-5082 - admissions@abc.edu - www.abc.edu

### INSTRUCTIONS:

A physician's medical exam is not required for completion of this form. However, if you plan to be involved in intercollegiate sports a physician's medical exam is required. Evaluation for acceptance will not occur until ABC receives the completed medical form.

Applicants Name

Age

Gender

E-mail Address

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### IMMUNIZATION DATES:

The West Virginia Higher Education Policy Commission requires the MMR (Measles, Mumps, and Rubella) immunization(s). You may need to contact your current or childhood physician for help. A *date must be entered on each of the following blanks*.

Measles

Mumps

Rubella

TB (Tine) Test

Polio

Tetanus

Other (Please Specify)

### TUBERCULOSIS SCREENING:

A tuberculosis screening is required for all individuals applying to Appalachian Bible College. Applicants will be notified if they need to have tuberculosis testing prior to arrival.

Were you born in the U.S.?

If no, where were you born?

Yes

No

Have you ever traveled outside the U.S.?

If yes, when and where:

Yes

No

Have you ever been employed at a location of high-risk for TB disease (e.g., correctional facilities, homeless shelter, hospitals, nursing homes, or other health facilities)?

Yes

No

Have you ever had close contact with a person known or suspected to have TB disease?

Yes          No

Have you ever had close contact with high-risk local populations known to have an increased prevalence of TB disease?

Yes          No

Have you ever had contact with persons who inject illicit drugs or other groups of high-risk substance abuse users (e.g. crack cocaine)?

Yes          No

**Office Use Only:**

Does student require a TB test?

Yes          No

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To the best of your knowledge, are you free from any communicable disease?

Yes          No

If no, state the condition:

Is there any reason why you should not participate in physical education classes?

Yes          No

If yes, please explain:

Do you have physical conditions, limitations, or handicaps that might prevent your participation in a full-time college study situation?

Yes          No

If yes, please explain:

Have you ever discontinued school for health reasons?

Yes          No

If yes, please explain:

Have you ever been advised to change your residence, school, or occupation because of your health?

Yes      No

If yes, please explain:

Have you ever been under psychiatric care/treatment?

Yes      No

If yes, please explain and state the time frame of your treatment:

If you are currently using prescribed anti-psychotic medication(s), please list:

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### GENERAL HEALTH CONDITION

Poor                  Fair                  Good                  Excellent

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### CERTIFICATION OF HEALTH REPORT

I certify that the information contained on this form, to the best of my knowledge, is both accurate and complete.

Applicant Name

Applicant Date of Birth

Date

Parent/Guardian Name

Parent Date of Birth

Date

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### MEDICAL EMERGENCY AUTHORIZATION

In the event of emergency:

I give my permission

I don't give my permission

for the College Nurse, or other responsible officials of Appalachian Bible College, to act, or give authorization in my behalf, to a physician or licensed paramedic, to take whatever emergency measures necessary for the well-being of the applicant stated during his/her enrollment at ABC.

Applicant Name

Applicant Date of Birth

Date

Parent/Guardian Name

Parent Date of Birth

Date