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## BETHANY COLLEGE INTERNATIONAL STUDENTS HEALTH RECORD HEALTH RECORDS ARE REQUIRED FOR ALL BETHANY STUDENTS

Please complete this form, <u>make a copy for your records</u>, and return to: Health Services, Bethany College, Post Office Box 429, Bethany, WV 26032 or fax to 304-829-7471

Student Name	Nickname	
Birth Date	Social Security #	
Home Address		
	(Street)	
(City)	(State)	(Zip Code)
Home Phone	Student's Cell Phone Number	
Name of Parent/Guardian		
In Case of Emergency Notify: Name	:	
Relationship	Phone Number:	
Allergies		
Medications		
Any significant past medical histo	ry	
IMMUNIZATION DATES The form	ollowing vaccination <u>DATES</u> are <u>REQ</u>	UIRED
POLIO Dates:		
<u>DPT</u> Dates:		
TETANUS BOOSTER (within the la	st 10 years) Date:	
MMR (measles, mumps & rubella)	Two doses are required for all persons b	oorn AFTER 1957
1st Dose Date:	2nd Dose Date (school age)	
MENINGITIS VACCINE Date:		
P.P.D. within the last year (may be d	eferred by physician see physical for w	aiver)
date given	date read	results
•	istory of Disease (check one):	
Hepatitis B Vaccine (not required) Da	ates:	
Hepatitis A Vaccine (not required) Da	ates:	
Insurance information		
Name of Insurance Company:		
Address & Phone No		
Policy Number(s):		
Student's signature		Date