

**BETHANY COLLEGE HEALTH RECORD**  
**HEALTH RECORDS ARE REQUIRED FOR ALL BETHANY STUDENTS**

Please complete this form, **make a copy for your records**, and return to:

Student Health #59, Bethany College, 31 East Campus Drive, 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: \_\_\_\_\_

**MEDICATION ALLERGIES** \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_

Any significant past medical history \_\_\_\_\_

**IMMUNIZATION DATES THE FOLLOWING VACCINATION DATES ARE REQUIRED!**

POLIO Dates: \_\_\_\_\_

DPT Dates: \_\_\_\_\_

TETANUS BOOSTER (within the last 10 years) Date: \_\_\_\_\_

MMR (measles, mumps & rubella) two doses are required for all persons born AFTER 1957

1st Dose Date: \_\_\_\_\_ 2nd Dose Date (school age) \_\_\_\_\_

MENINGITIS VACCINE Date(s): \_\_\_\_\_

The following vaccines are suggested but NOT required:

CHICKEN POX (VARICELLA) History of Disease (check one):  Yes  No

Varicella Immunization Dates: 1st Dose Date: \_\_\_\_\_ 2nd Dose Date: \_\_\_\_\_

Hepatitis B Vaccine Dates: \_\_\_\_\_

Hepatitis A Vaccine Dates: \_\_\_\_\_

**Insurance information**

Name of Insurance Company: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Who is the Insured: \_\_\_\_\_

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_