



Kentucky Mountain Bible College Student Medical Information

Name: _____ Social Security #: _____

Family History

Living

Deceased

	Age	Health	Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				

Have either of your parents or any siblings had: (please check)

Cancer Epilepsy Heart Disease Tuberculosis Mental Illness Nephritis Diabetes

Personal History

Do you know of any reason why you should not participate in Physical Education? Yes No

If yes, please explain: _____

Do you use: Alcoholic Beverages Yes No; Tobacco Yes No; Drugs Yes No

Have you ever used dangerous drugs? Yes No

If yes, please explain: _____

Do you require (please check): Insulin Desensitization Epilepsy Treatment

Other: _____

Have received counseling for mental health reasons? Yes No

Do you have a condition of which KMBC should be aware?

If so, describe: _____

Do you have any food allergies?

If so, describe: _____

Please attach Immunization Record or send separately to one of the following:

(Fax) 1-888-742-1124

(Email) kmbc@kmbc.edu

Office of Admissions, 855 HWY 541, Jackson, KY 41339

I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate. I understand that withholding information requested or giving false information may make me ineligible for admission or may result in dismissal.

Applicant's Signature

Date

PHYSICIAN'S STATEMENT: *I have examined _____ and found him/her to be in good health and free of any communicable diseases. (Please describe any condition that may affect the performance of this student in any area.)*

Physician's Signature

Date