



MID-AMERICA

CHRISTIAN UNIVERSITY

# Health Form & Immunization Request

Sex: ( ) M ( ) F

Last First Middle

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relative (not husband or wife) to be notified in case of emergency:

Name Relationship Cell phone

Street Address Residence Phone

City State Zip Work Phone

Family Physician's Name Office Phone

Have you had?	Yes	No
Scarlet Fever	( )	( )
Measles	( )	( )
German Measles	( )	( )
Mumps	( )	( )
Chicken Pox	( )	( )
Malaria	( )	( )
Gum or Tooth Trouble	( )	( )
Sinusitis	( )	( )
Eye Trouble	( )	( )
Ear, Nose, Throat Trouble	( )	( )
Diabetes	( )	( )
Hypo- or Hyper-glycemia	( )	( )
Eating Disorder	( )	( )

Have you had?	Yes	No
Insomnia	( )	( )
Frequent anxiety	( )	( )
Frequent depression	( )	( )
Worry or nervousness	( )	( )
Recurrent Headache	( )	( )
Head injury w/ Unconsciousness	( )	( )
Hay Fever, Asthma	( )	( )
Allergy	( )	( )
Penicillin	( )	( )
Sulfonamides	( )	( )
Serum	( )	( )
Foods	( )	( )
Other	( )	( )

Have you had?	Yes	No
Pain/Pressure in Chest	( )	( )
Chronic Cough	( )	( )
Palpitations (heart)	( )	( )
High/Low Blood Pressure	( )	( )
Rheumatic Fever Or Murmur	( )	( )
Disease or Injury of Joints, Trick Knee, Shoulder, Inc	( )	( )
Back Problems	( )	( )
Tumor, Cancer, Cyst	( )	( )
Jaundice	( )	( )
Stomach or Intestinal Trouble	( )	( )
Gallbladder Trouble/Gallstones	( )	( )
Tuberculosis	( )	( )
Shortness of breath	( )	( )

Have you had?	Yes	No
Recurrent Colds	( )	( )
Recurrent Diarrhea	( )	( )
Recent Gain or Loss of Weight	( )	( )
Dizziness, Fainting	( )	( )
Weakness, Paralysis	( )	( )
AIDS	( )	( )
Albumin/Sugar in Urine	( )	( )
Frequent Urination	( )	( )
Venereal Disease	( )	( )
Surgery (explain)	( )	( )
FEMALES ONLY-Irregular Periods	( )	( )
FEMALES ONLY-Severe Cramps	( )	( )
FEMALES ONLY-Excessive Flow	( )	( )

	Yes	No
Are you presently physically disabled or restricted?	( )	( )
Are you currently taking any medications on a regular basis?	( )	( )
Have you ever been tested POSITIVE for HIV/AIDS?	( )	( )
Have you had any other infectious disease?	( )	( )
Have you received treatment or counseling, personality or character disorder, or emotional problems?	( )	( )

**Oklahoma Statute, Title 70 §3244, requires documentation of the student's immunization to be provided to Mid-America Christian University. The following shots are required: Measles, Mumps, Rubella (MMR), Hepatitis B, and Meningitis.**

Additional Information

The following statements are to be signed by a parent or guardian if the unmarried applicant is under 21 years of age or by the applicant if he/she is 21 or over.

If any instance in which I/we cannot be reached, and where delay would be dangerous to his/her/my medical health, I hereby authorize the administrators of Mid-America Christian University to grant permission for emergency operation or medical treatment of an extraordinary nature, for which the attending physician considers necessary.

\_\_\_\_\_  
Print Student's Name

I understand that all health records are considered confidential and are not available for general use. I authorize Mid-America Christian University administrators to relay necessary health information as they deem it imperative to do so.

Signature Relationship to Student Date