Montana BIBLE COLLEGE

Health Information Form

Instructions:

1. Please print (legibly) in blue or black ink.
2. All information must be complete.
3. All dates must be noted. Please include the month and year.
4. If questions arise, please call 1-406-586-3585.

For Office Use Only

Date Received:_____

Personal Information

Last Name	First Name		Middle Name
Gender ☐Male ☐Female	Social Security Number		Date of Birth
Current Address			Primary Phone Number
City	State	Zip Code	Country (if not USA)
Father's Name	Mother's Name		

Emergency Contact Information

Last Name	First Name		Relationship
Address	City	State	Zip Code
Cell Phone	Work Phone		Home Phone

Health Insurance Information

Health Insurance Provider or Sharing Ministry			
Address	City	State	Zip Code
Subscriber's Name	Policy Number / Other needed information		

Primary Care Physician

Physician Name			Phone Number
Current Address			Fax Number
City	State	Zip Code	Country (if not USA)

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Personal Health History

If more room is needed to answer any of the following questions, please attach information on a separate sheet.

Check any of the following conditions you have had or are subject to at the present time:

- ☐ Allergies
  - ☐ Medicines
  - ☐ Foods
  - ☐ Other _____
- ☐ Alcohol/drug problem
- ☐ Anemia
- ☐ Anxiety or panic attacks
- ☐ Arthritis
- ☐ Asthma
- ☐ Attention deficit disorder
- ☐ Cancer
- ☐ Depression
- ☐ Diabetes
- ☐ Dyslexia
- ☐ Eating Disorder
- ☐ Epilepsy / seizures
- ☐ Fainting / blackout
- ☐ Headaches / Migraine
- ☐ Head injury
- ☐ Hearing loss / difficulty
- ☐ Heart condition
- ☐ Hepatitis
- ☐ High / low blood pressure
- ☐ Leukemia
- ☐ Malaria
- ☐ Psychiatric treatment
- ☐ Skin disease
- ☐ Sexually transmitted disease
- ☐ Suicide attempt(s)
- ☐ Thyroid disease
- ☐ Tuberculosis
- ☐ Ulcer
- ☐ Other _____

Please explain any checks you made above: _____

_____

_____

_____

Are you presently under a physician's care? If yes, please explain.

☐ Yes ■ No _____

_____

_____

List all medications taken on a regular basis including over-the-counter medication:

Medication Name:	Dosage:	Taken for:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any hospital stays you have had:

Date(s) of stay	Reason for stay
_____	_____
_____	_____

Do you have any other special health conditions not addressed above? If yes, please explain.

☐ Yes ■ No _____

_____

Immunizations

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The following immunizations are **required** by either Montana State law and/or Montana Bible College policy. This information must be from your physician's records or other official immunization records. **To fulfill these requirements, please include a legible copy of an official immunization record signed by a physician or attending medical personnel.**

Section 1: MMR (Measles, Mumps, Rubella)

Montana law requires individuals born after 1956 to have a minimum of two doses of measles, mumps, rubella (MMR) vaccine prior to enrolling at MBC.

	Date
MMR Dose 1 – Immunized on or after first birthday (12 months old)	_____
MMR Dose 2 – Immunized at least 30 days after Dose 1	_____

Section 2: Tuberculosis

You may be required to have a tuberculosis skin test before you can register for classes at Montana Bible College. Please answer the questions on the reverse side of this form to see if it is required. If so, this test must be done within one year of entering classes at MBC. An official physician's record may be submitted for proof of testing.

Date Given: _____	Date Read: _____	Result:_____

A chest X-ray is required if the TB test is read as positive. Please enclose the x-ray report with this form.

Nurse's or Physician's Name	
Address	Phone Number
Signature	Date

Tuberculosis (Continued)

Montana Bible College is screening all entering students for exposure to tuberculosis. Please answer the following questions. If you should have any questions, please contact the MBC Admissions Office at 406-586-3585.

1. Have you been in close contact with someone with tuberculosis? ☐ Yes ☐ No
2. Have you resided, worked, or volunteered in a prison, homeless shelter, hospital, nursing home, or other long-term treatment facility? ☐ Yes ☐ No
3. Have you used intravenous drugs or had a history of alcoholism? ☐ Yes ☐ No
4. Do you have cancer, leukemia, kidney disease, diabetes, AIDS/HIV, or take immunosuppressive medications such as prednisone? ☐ Yes ☐ No
5. Have you lived in any of the following countries for six months or more? Afganistan, Bangladesh, Brazil, Cambodia, Congo, Ethiopia, China, India, Indonesia, Japan, Kazakhstan, Kenya, Malaysia, Mexico, Morocco, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Philippines, Republic of Korea, Russian Federation, South Africa, Tanzania, Thailand, Uganda, Ukraine, Vietnam, Zimbabwe ☐ Yes ☐ No

If you have answered "Yes" to one or more of the questions above, a TB test is required before entering school at MBC. You can obtain a TB skin test through your local health provider.

Health Information Form

Signature

By signing this form, you grant your consent for information regarding any outstanding medical condition to be shared with appropriate MBC personnel. The purpose of sharing such information would only be for an appropriate and expedient response in the event it could affect your well-being or that of another student or MBC employee.

I attest that the information presented on this form is true and accurate to the best of my knowledge. I understand that this form is necessary for admission to this college and that falsification of information could result in dismissal from college.

_____ _____

Signature of the applicant: (Typed Name Acts as Signature) Date

Parental Permission

If student is under 18 years of age

In case of emergency, I hereby give permission to Montana Bible College to hospitalize, secure proper treatment for, and to order injection or surgery as may be advisable for my son/daughter.

_____ _____

Signature of the Parent / Guardian: (Typed Name Acts as Signature) Date