LANCASTER BIBLE COLLEGE

HEALTH RECORD

All students must fill out this form and return it to the Health & Wellness Center (address below), where it will be kept on file.

PERSONAL DATA (if you use middle name instead of first name, please circle)

Name: Last First Middle

Gender: ☐ Male ☐ Female **Birthdate:**

Address: Street City State Zip

Phone: Home ( ) Cell ( ) **Email:**

Plan to Enroll: Year: Semester: ☐ Fall ☐ Spring **Status:** ☐ Resident ☐ Commuter

Emergency Contact: Name Relationship

Address: Street City State Zip Phone: ( )

DISABILITIES

High school disability records, by law, are not included when academic records are sent to post-secondary institutions. Therefore, to receive accommodations at the college level, students must submit documentation of their disability to the Disability Services Office. By checking the box(es) below, a letter will be sent with information on how to complete this simple process. It is recommended that students with disabilities **register with the Disability Services Office as soon as they have been accepted so that accommodations are able to be arranged by the first day of classes.**

Have you been diagnosed with a disability for which you will need accommodations? ☐ Yes ☐ No

HEALTH INFORMATION

List current medications:

Recent hospitalizations/injuries:

Allergies: (List what you are allergic to & include reaction)

Medications:	Foods:	Environmental:

Have you traveled outside of the USA in the past year? ☐ Yes ☐ No Explain:

Have you used: ☐ tobacco ☐ alcohol or ☐ drugs in the past?

How much do you exercise? ☐ 30 minutes or more most days ☐ 60 minutes or more most days ☐ hardly ever

☐ **Check if you use syringes/needles** Note: the Health & Wellness Center in Upper Miller Hall will provide a sharps container for you. Please, plan to return FILLED containers to the Health & Wellness Center for disposal.

HEALTH INSURANCE COVERAGE

While students are not required to have health insurance, it is strongly recommended. Each student is responsible to know his/her own insurance specifics. If you have coverage, complete this section and attach a copy of your insurance card.

Insurance Company Name: **Insured's Name** (Policy Holder):

Policy ID#: **Group #**:

Health and Wellness Center
LANCASTER BIBLE COLLEGE
901 Eden Road | Lancaster, PA 17601-5036 | 717.560.8215 | fax 717.560.8204 | nurse@lbc.edu

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HEALTH RECORD continued

FAMILY HISTORY

Relationship	Age	State of Health	Occupation	Age of Death	Cause of Death
Father					
Mother					
Brothers					
Sisters					

Have any of your relatives ever had any of the following?

Disease	Yes	No	Relationship
Arthritis	☐	☐	
Asthma/Hay Fever	☐	☐	
Cancer	☐	☐	
Diabetes	☐	☐	
Epilepsy/Convulsion	☐	☐	
Heart Disease	☐	☐	
High Blood Pressure	☐	☐	
Kidney Disease	☐	☐	
Mental Illness	☐	☐	
Stomach Disease	☐	☐	
Tuberculosis	☐	☐	

AUTHORIZATION

My signature confirms that:

- This information is all true and correct.
- I give my permission for all treatment by the LBC Health & Wellness Center staff.
- I will notify LBC Health & Wellness Center of any change in my health status, including change in medications and hospitalizations.
- If warranted, this information may be shared with the Athletic Department, Counseling Services, Student Life, and the DSO (Disabilities Services Office).
- In case of emergency, my health records may be shared with emergency/hospital personnel.

Signature: **Date:**

Signature of student and parent/guardian, if student is under the age of 18