

Full name of applicant (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

**REQUIRED FOR ADMISSION:**

**BORN PRIOR TO 1957:**

- Tetanus/Diphtheria (TD) within the last 10 years: (Date Immunized) \_\_\_\_\_

**BORN AFTER 1957:**

- Two doses of measles vaccine and one dose of rubella vaccine (commonly given as MMR or MR)\*  
 Date Immunized **with second dose:** \_\_\_\_\_
- Tetanus/Diphtheria (TD) within the last 10 years  
 Date immunized: \_\_\_\_\_
- Meningitis Immunization within last 4 years  
 Date immunized: \_\_\_\_\_

*Measles (rubella) outbreaks have occurred repeatedly on college and university campuses in recent years. Many of the students ill with measles missed so many classes that they had to withdraw for the rest of the semester. Rubella (German measles) outbreaks also continue to occur on college campuses. The risk with rubella is that a pregnant student or pregnant staff member will be infected, leading to birth defects in her baby. The reason for these outbreaks is that too few college and university students have been adequately immunized against measles and rubella. Though meningitis is rare on American college campuses, the Centers for Disease Control and Prevention deems it worth the precaution of an immunization.*

**PHYSICAL EXAMINATION: TO BE COMPLETED BY A PHYSICIAN**

**CASE HISTORY:**

If YES, please explain:

YES NO

- |                          |                          |                                  |       |
|--------------------------|--------------------------|----------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or Hay Fever              | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                         | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis                     | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy                         | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Venereal Disease                 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness or Instability    | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Contagious or Infectious Disease | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:                           | _____ |
|                          |                          |                                  | _____ |
|                          |                          |                                  | _____ |

Over →

Please Print

Is this person suffering from any physical disability or deformity? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any condition, in your judgment, which would make the applicant undesirable as a close associate for other young people during the several years of school life and possible dormitory life together? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your judgment, is the applicant physically and mentally fit for intensive study on a college level, plus employment, if that should be necessary? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### INFORMATION ON HEALTH INSURANCE FOR STUDENTS

The college does not automatically provide coverage or money for health care; either for illness or in case of accident. We **strongly suggest** that all students maintain personal health insurance. Students who already have insurance through their parents, spouse, or work are advised to be aware of their own coverage regulations and benefits. Some parents' health plans will only provide coverage if the student receives medical attention in the immediate vicinity in which the parents live. If you are currently covered, please provide the information requested below:

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

Policy # \_\_\_\_\_

Claims department phone number \_\_\_\_\_

Does the policy continue to cover you away from home? \_\_\_\_\_