

BETHANY COLLEGE HEALTH RECORD
HEALTH RECORDS ARE REQUIRED FOR ALL BETHANY STUDENTS

Please complete this form, **make a copy for your records**, and return to:

Student Health #59, Bethany College, 31 East Campus Drive, Bethany, WV 26032 or fax to 304-829-7471

Student Name _____ Nickname _____

Birth Date _____ Social Security # _____

Home Address _____
(Street)

(City) _____ (State) _____ (Zip Code) _____

Home Phone _____ Student's Cell Phone Number _____

Name of Parent/Guardian _____

In Case of Emergency Notify: Name: _____

Relationship _____ Phone Number: _____

MEDICATION ALLERGIES _____

MEDICATIONS _____

Any significant past medical history _____

IMMUNIZATION DATES THE FOLLOWING VACCINATION DATES ARE REQUIRED!

POLIO Dates: _____

DPT Dates: _____

TETANUS BOOSTER (within the last 10 years) Date: _____

MMR (measles, mumps & rubella) two doses are required for all persons born AFTER 1957

1st Dose Date: _____ 2nd Dose Date (school age) _____

MENINGITIS VACCINE Date(s): _____

The following vaccines are suggested but NOT required:

CHICKEN POX (VARICELLA) History of Disease (check one): Yes No

Varicella Immunization Dates: 1st Dose Date: _____ 2nd Dose Date: _____

Hepatitis B Vaccine Dates: _____

Hepatitis A Vaccine Dates: _____

Insurance information

Name of Insurance Company: _____

Policy Number(s): _____

Who is the Insured: _____

Student's signature _____ **Date** _____