

BETHANY COLLEGE HEALTH RECORD

HEALTH RECORDS ARE REQUIRED FOR ALL BETHANY STUDENTS

Please complete this form and return to:
Health Services, Bethany College, Post Office Box 429, Bethany, WV 26032

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: _____

Allergies _____

Medications _____

Significant past medical history _____

IMMUNIZATION DATES The following vaccination **DATES** are **mandatory!**

POLIO _____

DPT _____

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) _____

VARICELLA (chickenpox) History of Disease (check one): Yes No

Varicella Immunization (not required) Dates: 1st Dose Date: _____ 2nd Dose Date: _____

Meningitis Vaccine (recommended but not required) Date: _____

Hepatitis B Vaccine (not required) Dates: _____

Hepatitis A Vaccine (not required) Dates: _____

Insurance information

Name of Insurance Company: _____

Address & Phone No. _____

Policy Number(s): _____

Who is the Insured: _____

Student's signature _____ Date _____