



LIFE PACIFIC UNIVERSITY

Health Form

Applicant Information

To be completed by the applicant

Applicant Name: _____
First Last Middle

Date of Birth: _____ Height: _____ Weight: _____

Immunization Information

The following information is required for admission to the college

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 (within last 4 years)

Date immunized: _____

Note: Measles (rubeola) outbreaks have occurred repeatedly on college and university campuses in recent years. Many of the students who became ill with measles missed a significant number of classes and 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 staff member could be infected and this could cause 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:

Yes	No		If yes, please explain:
<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"/>	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:	_____

Please print clearly

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 along with employment, should that be necessary? _____

Additional remarks: _____

Physician's Name (please print): _____

First

Last

Address: _____

Street

City

State

Zip

Physician's Signature: _____ Date: _____

Information on Health Insurance for Students

The college does not provide coverage or money for health care, either for illness or in case of accident. We **strongly encourage** all students to 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? _____