



**JAMAICA THEOLOGICAL SEMINARY**

**STUDENT HEALTH INFORMATION**

Applicant to complete in full the following section:

NAME \_\_\_\_\_ SEX (M) / (F) BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

MARITAL STATUS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ © \_\_\_\_\_

ALLEGIES [List name of substance(s) and type of reaction(s)]:

\_\_\_\_\_  
\_\_\_\_\_

HOSPITALIZATION [List dates & type of illness/surgery/injury]:

\_\_\_\_\_

**CHRONIC MEDICAL CONDITIONS [Tick any that apply]:**

Asthma \_\_\_\_\_ Hypertension \_\_\_\_\_ Diabetes \_\_\_\_\_  
Cancer \_\_\_\_\_ Epilepsy \_\_\_\_\_ physical Handicap \_\_\_\_  
Sickle Cell \_\_\_\_\_ Other \_\_\_\_\_ [Please state]: \_\_\_\_\_

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**MEDICAL EXAMINATION BY PHYSICIAN**

To be completed by a physician:

BP \_\_\_\_\_ Pulse Rate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Hearing \_\_\_\_\_ Eyesight \_\_\_\_\_

IMMUNIZATIONS: [Provide verification that these are up to date. If no verification can be provided, Physician should administer as necessary]:

BCG \_\_\_\_\_ Polio \_\_\_\_\_ Tetanus Booster DT \_\_\_\_\_ MMR \_\_\_\_\_

\*Yellow Fever \_\_\_\_\_ \*Malaria \_\_\_\_\_ Hepatitis B \_\_\_\_\_

\*{These two are required in addition to those above for International students} (Recommended, not compulsory)

Review of Systems/Physical Exam: Note any significant findings or suggestions for other diagnostic work

I certify that this applicant is in good health and able to undertake the programme of study.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_