

Palmer Theological Seminary

Student Health Form

This form is part of the admissions process and becomes part of your permanent file. It must be **completed by the candidate** and submitted as part of the application process.

BACKGROUND INFORMATION

Name (print) _____ DOB _____
(Last) (First) (Middle)
Address _____ Phone _____
Male _____ Female _____

EMERGENCY SITUATIONS (required information)

Name of person to notify in case of emergency: _____

Address _____ Phone _____

If an emergency arises, of what part of your medical history should we be aware to facilitate appropriate assistance? For example, are you allergic to any medications? Are you affected by high blood pressure, diabetes, etc? (This information will not impact on the admissions decision)

Are you currently on medication about which the seminary administration should know?

Yes _____ No _____

GENERAL QUESTIONS

Have you ever sought counseling or therapy from a trained professional (pastoral counselor, psychologist, psychiatrist, etc.)? Yes _____ No _____

If yes, what was the situation or condition that prompted you to seek counseling?

How long were you involved in counseling/therapy?

Are you currently involved in counseling/therapy? Yes _____ No _____

If yes, what is the reason for the counseling?

Have you ever been involved in substance abuse (drug, alcohol, food)? Yes _____ No _____

If yes, what was the substance? _____

Has this involvement been treated? Yes _____ No _____

Has the abuse been resolved? Yes _____ No _____

IMMUNIZATION HISTORY

Please indicate the date of your last booster or re-vaccination.

Tetanus _____ Must have been given within 10 years.

Tine/PPD _____ Test must have been done within last 2 years. (For tuberculosis)

If positive, you must have a chest x-ray: Date _____ Result _____

If the x-ray is positive, you are required to get a physician's note indicating whether or not treatment for the tuberculosis was done and for what period of time. If there was no treatment, it will be required during your first semester.

If you were born before 1960, you do not have to complete the following. All others please list the dates when you received the vaccinations.

Polio _____

Measles (1) _____ if born after 1970, you must have 2 doses.

(2) _____

Mumps _____

Rubella _____

(or) MMR _____

NOTE: Although it is not required, we encourage entering students to get a physical examination for preventive care. This information will not impact the admissions decision.

Palmer Theological Seminary reserves the right to request verification of this information.

I have answered the above questions to the best of my knowledge.

Signature

Date

Please mail, email or fax to:

Admissions Office

Palmer Theological Seminary, 588 N. Gulph Road, King of Prussia, PA 19406

Fax: 484-654-3680

Phone: 484-384-2948

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