VOORHEES COLLEGE
Changing minds. Changing lives.

SELF-REPORTED MEDICAL FORM

Name_____Social Security Number_____-_____-_____

Mailing Address_____
Street Address Apt # City State Zip Code

Date of Birth____/____/____ Sex:___M ___F Home Telephone ( )____-_____

1. Type of Health Insurance (HMO) : _____BC/BS _____Medicaid ____Military ___Other
Name of Policyholder: _____Policy Number_____
Insurance Company Address_____

2. Emergency Contact: Name_____ Relationship:_____
Telephone:_____(Day) _____(Evening)

Have you ever had / now have any of the following: (Check YES or NO):

YES	NO	SYMPTOMS	YES	NO	SYMPTOMS
		Scarlet Fever/ Erysipelas			Cramps in your legs
		Periods of Unconsciousness			Frequent Indigestion
		Swollen or Painful Joints			Hearing Loss
		Frequent or Severe Headaches			Eye Trouble/Vision Impairment
		Dizziness or Fainting Spells			Broken Bones
		Gall Bladder trouble or Gallstones			Sinusitis
		Ear, Nose, or Throat Trouble			Tumor, Growth, Cyst
		Chronic and frequent Colds			Hay Fever
		Severe tooth or Gum Trouble			Skin Diseases
		Adverse Reaction to Serum/Drug/Med			Rupture / Hernia
		Piles or Rectal Diseases			Head Injury
		Frequent or Painful Urination			Tuberculosis
		Bone, Joint, or other Deformity			Asthma
		Bed Wetting – since age 12			Shortness of Breath
		Kidney Stone or Blood In Urine			Chronic Cough
		Sexually Transmitted Diseases			Heart Trouble
		Sugar or Albumin In Urine			Foot Trouble
		Motion Sickness (Car, Train, Sea, etc)			History of Surgery
		Palpation or Pounding Heart			Lameness
		Weight Fluctuation			Jaundice or Hepatitis
		Arthritis, Rheumatism, Bursitis			Thyroid Trouble
		Paralysis (Include infantile)			Epilepsy or Fits
		Frequent Insomnia			Rheumatic Fever
		Depressive or Excessive Worry			Stomach/Liver Intest. Trouble
		Painful or “Trick” Shoulder or Elbow			“Trick” or locked Knee
		Nervous Trouble of any sort			

This is a self-reported Medical Form. I attest that the information supplied by me is true and complete to the best of my knowledge. The College Officials are not accountable for the information I provided. This was done of my own free will.

Signature_____Date_____