



# BEAR VALLEY BIBLE INSTITUTE OF DENVER

2707 South Lamar Street, Denver, Colorado 80227 • (303) 986-5800 • www.bvbid.org

## Medical Information Form

Date: \_\_\_\_\_

In Order to aid us in helping YOU in emergency situations during your time as a student, please complete this form and return it with your application.

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Do you have any history of problems with:

Eyes	Y	N	Headaches	Y	N	
Ears	Y	N	Blood Pressure	Y	N	High____ Low____
Throat	Y	N	Dizziness	Y	N	
Heart	Y	N	Respiratory	Y	N	
Kidneys	Y	N	Nerves/Emotional	Y	N	
Diabetes	Y	N	Numbness	Y	N	
Epilepsy	Y	N	Hemophilia	Y	N	
Arthritis	Y	N				

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of your last physical: \_\_\_\_\_

List ALL MEDICATIONS used and for what purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whom to notify in case of emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

