

# 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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