STILLMAN COLLEGE MEDICAL INFORMATION FORM

(Please type or print (using black ink); complete both pages of document.)

Stillman College does not provide medical insurance for any of its students; therefore, student/parent/guardian/spouse is responsible for all medical costs. ***A student seeking information about enrolling in a medical insurance plan should visit www.healthcare.gov.*** **Please complete the information sections. A copy of the student's immunization record must be attached to this form. Keep a copy of all medical information submitted to Stillman. Each student must always keep a copy of his/her insurance card on his/her possession. Contact your insurance company to ensure that your insurance has providers in the Tuscaloosa area.**

☐ Male ☐ Female

_____ _____ _____ _____

Last Name **First Name** **Middle Name** **Date of Birth** _____

_____ _____ _____ _____ _____

Home Address **City** **State** **Zip Code** **Country (e.g., USA, France, Nigeria, etc.)**

Cell Phone # _____ _____ **Are you an international student?** ____**Yes** ____**No**

Are you a student athlete? ____**Yes** ____**No** **List sport(s)** _____

Are you seeking accommodations under the Students with Disabilities Act? ____**Yes** ___**No**

When will you attend Stillman? ___**Fall** ___**Spring** __**Summer** **20**_____

Have you had

Diseases			Vomiting food or blood	**Yes**	**No**
Measles	**Yes**	**No**	Gallbladder disease	**Yes**	**No**
Mumps	**Yes**	**No**	Liver trouble	**Yes**	**No**
Chickenpox	**Yes**	**No**	Painful bowel movement	**Yes**	**No**
Diabetes	**Yes**	**No**	Black or bloody stool	**Yes**	**No**
Stroke	**Yes**	**No**	Frequent diarrhea	**Yes**	**No**
Cancer	**Yes**	**No**	Cramping pain in abdomen	**Yes**	**No**
Tuberculosis	**Yes**	**No**	Heartburn or indigestion	**Yes**	**No**
Hepatitis	**Yes**	**No**	**Neuro-Psychiatric**		
Rheumatic fever or heart disease	**Yes**	**No**	Problem with nerves	**Yes**	**No**
Respiratory			Have you ever seen or been advised to see a psychiatrist?	**Yes**	**No**
Any trouble with lungs/TB	**Yes**	**No**	Do you have or have you had fainting spells?	**Yes**	**No**
Difficulty breathing	**Yes**	**No**	**Hematological**		
Pleurisy or pneumonia	**Yes**	**No**	Are you slow to heal after cuts?	**Yes**	**No**
Asthma, wheezing, bronchitis	**Yes**	**No**	Have you had abnormal bruising or bleeding?	**Yes**	**No**
Head, Eyes, Nose, Throat			Excessive bleeding after tooth extraction or surgery?	**Yes**	**No**
Eye disease or injury	**Yes**	**No**	Sickle cell trait or disease	**Yes**	**No**
Do you wear glasses/contacts?	**Yes**	**No**	Anemia	**Yes**	**No**
Double or blurred vision	**Yes**	**No**	Phlebitis/blood clots	**Yes**	**No**
Headaches: migraine/tension	**Yes**	**No**	**Locomotor-Musculoskeletal**		
Sneezing or runny nose	**Yes**	**No**	Pain in calves or buttocks when walking	**Yes**	**No**
Seizures	**Yes**	**No**	Any difficulty in walking	**Yes**	**No**
Ear disease/ear infections	**Yes**	**No**	Prosthetic limb	**Yes**	**No**
Impaired hearing	**Yes**	**No**	Broken bones (Please list)	**Yes**	**No**
Dizziness or transient episodes of unconsciousness	**Yes**	**No**	**Skin**		
Nose bleeds	**Yes**	**No**	Hives, eczema, rash, frequent infection, boils	**Yes**	**No**
Problem swallowing	**Yes**	**No**	Skin disease	**Yes**	**No**
Cardiovascular			Jaundice	**Yes**	**No**
Chest pain or angina pectoris	**Yes**	**No**	**Allergies (including food, medication, etc.) Please list**	**Yes**	**No**
Shortness of breath when walking or lying down	**Yes**	**No**			
Heart trouble, heart attack, or mitral valve prolapse	**Yes**	**No**			
High blood pressure	**Yes**	**No**			
Swelling of hands, feet, or ankles	**Yes**	**No**	**Other medical conditions/surgeries (Please list)**	**Yes**	**No**
Neck stiffness	**Yes**	**No**			
Gastrointestinal		**No**			
Acid Reflux	**Yes**	**No**			
Hernia (location)	**Yes**	**No**			
Ulcer	**Yes**	**No**			
Diabetes	**Yes**	**No**			

STILLMAN COLLEGE MEDICAL INFORMATION FORM

Last Name First Name Middle Name E-mail Address Date of Birth

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TO BE COMPLETED BY MEDICAL PROFESSIONAL

_____ _____ MMR_____ Dates_____ TB Skin Test _____(Chest X-ray if skin test is positive)_ _____
Weight Height

Polio_____ Date of last booster shot_____ Meningitis Vaccine_____ Tetanus & Diphtheria (TD) _____

Hemoglobin/Hemocrit _____ _____ Do you believe that the applicant's health and physical examination findings indicate that he/she is able and appropriate full college work including physical education and/or collegiate/intramural athletics?
Yes ☐ No ☐
Remarks _____

List prescription, homeopathic, and over the counter drugs used by student_____
_____

Physician/Practitioner Name_____Physiclan/Practitioner Signature_____

Address_____ City_____ State____ Zip Code_____ Phone #_____

PERMISSION TO TREAT– MUST BE COMPLETED BY STUDENT and PARENT/GUARDIAN/SPOUSE

In the event of a medical or psychological emergency, I give consent to the attending health care provider to administer necessary medical treatment and service to _____. I understand that Stilllman College does not provide medical
Name of Student
insurance for students and that the student/parent/guardian/spouse is responsible for all medical costs. Permission will remain in force for the length of my tenure at Stillman College. This document will remain in force throughout the student's attendance at Stillman College.

_____ _____ _____
Name of Student Signature of Student Date

_____ _____ _____
Name of Parent/Guardian/Spouse (Please print) Signature of Parent/Guardian/Spouse Date

_____ _____ _____
Emergency Contact Person #2--Adult who will be contacted if parent/guardian/ spouse is unavailable Cell Number of Parent, Guardian, Spouse — Cell Number

_____

Completed Stillman College Medical Information Form and supporting documents should be brought to Stillman. Information about submission to Health Service will be provided during orientation. E-mail lwalker@stillman.edu or call 205.366.8894 if you have additional questions. Keep a copy of all medical information (including immunization records) submitted to Stillman.

Students with chronic medical conditions (diabetes, cancer, asthma, allergies, sickle cell disease, etc.) are strongly encouraged to ensure continuity of care by contacting a local physician prior to enrolling at Stillman. Your local medical care provider can provide a referral to a Tuscaloosa physician.

Revised May 2019