THE BERKSHIRE INSTITUTE FOR CHRISTIAN STUDIES
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PRELIMINARY MEDICAL QUESTIONNAIRE

Please fill out this form, sign and return to the Institute with your completed application.

Name _____
First Middle Last

Age _____ Date of Birth _____ Height _____

Are you overweight ❑ underweight ❑ or "just right" ❑ ? Do you consider yourself healthy? Yes ❑ No ❑

Have you had any surgical operations within the past year? Yes ❑ No ❑

If yes, state operation(s) and date(s) _____

_____

Have you had any major illnesses within the past year? Yes ❑ No ❑

If yes, state illness(es) and date(s) _____

_____

Do you have any physical handicaps? Yes ❑ No ❑ If yes, what? _____

Would there be any restrictions on your physical activities? Yes ❑ No ❑

Would you be able to participate in sports? Yes ❑ No ❑

Would you be able to travel abroad? Yes ❑ No ❑

Do you consider your health adequate for intensive college work? Yes ❑ No ❑

Do you or have you ever been treated for nervous or emotional problems? Yes ❑ No ❑

If yes, state conditions _____

_____

Are you presently taking any prescription medication? Yes ❑ No ❑

If yes, name the medication and directions for use _____

_____

Have you ever used tobacco, alcohol or illegal drugs? Yes ❑ No ❑

If yes, please note what was used _____

When? _____ To what extent? _____

How many days were you absent from school this past year due to illness? _____

Your signature_____ Date _____