

		Eye trouble			Frequent headaches			Rheumatic fever			Malaria
		Ear trouble			Insomnia			Diabetes			Infantile paralysis (polio)
		Nasal obstruction			Nervousness			Epilepsy/convulsions			Appendicitis
		Fainting or dizzy spells			Frequent urination			Stomach ulcer			Syphilis
		Skin trouble			Joint trouble			Tuberculosis			Gonorrhea
		Constipation			Indigestion			HIV +/-AIDS			

Have you had a skin test for tuberculosis? Yes No
 Date Administered: _____ Results: Positive Negative

Have you been associated with a tuberculosis patient? Yes No

Are you allergic to any antibiotics or other medications? Yes No

Are you presently under a medical doctor's care? Yes No

Are you taking prescription medicines? Yes No If yes, what? _____

Have you suffered a nervous breakdown? Yes No If yes, please explain: _____

Have you ever been under a doctor's care for an emotional disorder?
 Yes No If yes, please explain: _____

Immunization Record

	Date	Date	Date	Date
DTP				
TD or Tetanus				
Polio				
Rubeola (Measles)				
Mumps				
Rubella (German Measles)				
Heb-B				

Health records will be held in strict confidence as with all other materials submitted in application with ELI 360. The applicant is to sign below that he/she has read this statement and thereby authorizes ELI 360 administration to release necessary health information to the institutions of application. (If applicant is under 18 years, he/she must have his/her parent or guardian co-sign.)

 Applicant's signature Date _____

 Parent/Guardian's signature Date _____

 Physician's signature Date _____