



		Spitting of blood			Swelling of feet			Tonsillitis			Pleurisy
		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			Gonorrhoea
		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				
Rubella (Measles)				
Mumps				
Rubella (German Measles)				
Hepatitis-B				
Meningitis Vaccine				

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 \_\_\_\_\_