

C O L U M B I A T H E O L O G I C A L S E M I N A R Y

701 Columbia Drive P. O. Box 520 Decatur, GA 30031

Telephone 404 378-8821 FAX: 404 377-9696

HEALTH RECORD

(Not to be returned more than 90 days before matriculation)

Name _____
Last First Middle

Permanent Home Address _____

Present Mailing Address _____

Place of Birth _____ Date of Birth _____

Married _____ Single _____ Divorced _____ Children & Ages _____

Number of days in bed from sickness the year before coming to Columbia Theological Seminary _____

Number of visits to the doctor the year before coming to Columbia Theological Seminary _____

What is the present state of your health? _____

What physical defects, or what acute or chronic diseases have you at present? _____

Have you been vaccinated for smallpox? _____ When? _____

Have you been vaccinated for typhoid? _____ When? _____



Have you had any of the following? If so, give approximate date, duration, severity:

Appendicitis
Asthma
Constipation
Diabetes
Diphtheria
Discharging ears
Earache
Eczema
Epilepsy
Eye Trouble
Fainting
Hay Fever
Headaches
Heart, Leaking or Enlarged
Hemorrhoids
Hypertension

Malaria
Measles
Mumps
Nervous Disorders
Operations
Peptic Ulcer
Pleurisy
Pneumonia
Pyelitis
Scarlet Fever
Tonsillitis
Tuberculosis
Typhoid
Wear Glasses
Whooping Cough
Accidents, Other Diseases

Have you ever consulted a psychiatrist? _____

(over)

FAMILY HISTORY

Is there any record in your family of:

Tuberculosis? _____ Health of mother _____
Heart Trouble? _____ Health of father _____
Kidney Trouble? _____ Health of sisters _____
Cancer? _____ Health of brothers _____
Nervous disorders? _____ Other facts _____

Physical Examination (By physician)

1. General Appearance _____ Height _____ Weight _____ Race _____
2. Skin _____ Eyes _____ Ears _____ Nose _____ Pharynx _____
Tonsils _____ Sinus _____ Teeth and Gums _____ Neck (goiter) _____
3. Chest _____ Lungs _____
Heart _____ Pulse _____ Temperature _____ Blood Pressure _____
4. Abdomen _____
5. Genitalia _____ Extremities _____
6. Other examinations _____ Reflexes _____
7. Examination of Urine: Specific Gravity _____ Sugar _____
Albumen _____ Pus _____ Casts _____

Physicians' conclusion concerning applicant's health _____

Remarks: Enlarge upon any findings of significance _____

Is this person physically qualified to study for the ministry? _____

Physician's signature _____

Address _____

Date _____

Please return to the following address:
Admissions Office, 6F
Columbia Theological Seminary
P. O. Box 520
Decatur, GA 30031