

**BARTON COUNTY COMMUNITY COLLEGE
ALLIED HEALTH PROGRAMS**

Health Record

(To be completed by the student)

Students in the Allied Health programs must provide evidence of good health. Complete the personal data below and return with your application to **Barton County Community College, 245 NE 30 Rd., Great Bend, Kansas, 67530**. This form must be returned before your enrollment can be completed.

Name _____ Date of Birth _____ Male [] Female []
Last First Middle

Family Physician _____
Name Street City State Zip

Physician Phone Number _____

Medical History

Chronic illness or complaints: _____

Medication currently taking: _____

Allergies to drugs: _____

Allergy to Latex: _____

Surgeries and/or injuries: _____

Have you ever had or have you now:

Initial each item	Never Had	Have Had	Now Have	Initial each item	Never Had	Have Had	Now Have
Pneumonia				Anemia			
Earache				Colitis			
Deafness				Ulcer			
Mental or Nervous Disorder				High blood pressure			
Alcohol addiction				Rheumatic fever			
Drug/Narcotic addiction(s)				Heart murmur			
Jaundice				Chest pain			
Infectious Mononucleosis				Spitting blood			
Tendency to bleed				Epilepsy			
Thyroid treatment				Convulsions			
Hay fever				Fainting spells			
Asthma				Diabetes			
Sinusitis				Bloody urine			
Frequent headaches				Kidney trouble			
Migraine				Back trouble			

_____ Date

_____ Student Signature