Student Health Data Form

KINGSWOOD UNIVERSITY
Equipping Servant Leaders for Global Impact

Personal Information

Last Name: _____ Middle Name: _____

First Name: _____ Preferred/Nickname: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Citizenship: ☐ Canada ☐ USA ☐ Other

Date of Birth: _____ Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Separated ☐ Married ☐ Divorced

Parent/Guardian/Spouse: _____ Phone: (_____) _____

Insurance Information for Canadian Students

Medicare/MSI/OHIP Number: exp. date: _____

Blue Cross Number: _____ Other Insurance: _____

Insurance Information for US and Foreign Students

Health Insurance Company: _____

Policy Number: _____

Personal Medical History

Do you have any of the following physical disabilities?

☐ Visual impairment _____

☐ Hearing impairment _____

☐ Other type of physical disability _____

Have you ever had a nervous breakdown or serious nervousness? ☐ Yes ☐ No
If yes, please explain:

_____

_____

_____

Have you ever had to discontinue study because of ill health? ☐ Yes ☐ No
If yes, please explain:

Have you ever had limitations placed on the amount and/or character of your physical exercise? ☐ Yes ☐ No
If yes, please explain:

List any and all surgeries you have had:
Operation: _____ Date: _____ Operation: _____ Date: _____
Operation: _____ Date: _____ Operation: _____ Date: _____

Are you currently taking any medication prescribed by a doctor? ☐ Yes ☐ No
If yes, please explain:

Please check all of the following that you have ever had or currently have: (please list dates)

☐ Scarlet Fever _____	☐ Encephalitis _____	☐ Pleurisy _____
☐ Hay Fever _____	☐ Measles _____	☐ Kidney Trouble _____
☐ Mumps _____	☐ Convulsions _____	☐ Diphtheria _____
☐ Chicken Pox _____	☐ Heart Trouble _____	☐ Pneumonia _____
☐ Asthma _____	☐ German Measles _____	☐ Appendicitis _____
☐ Rheumatic Fever _____	☐ Infant Paralysis _____	☐ Ear Trouble _____
☐ Rheumatism _____	☐ Allergies _____	☐ Anemia _____
☐ Albumin in Urine _____	☐ Deafness _____	☐ Diabetes _____
☐ Dizziness _____	☐ Drug Allergies _____	☐ Dysentery _____
☐ Epilepsy/Seizures _____	☐ Mononucleosis _____	☐ Migraine _____
☐ Spitting Blood _____	☐ Tendency to Bleed _____	☐ Other: _____

Additional comments that you feel are important concerning your health:

Certification:
I certify that the information provided is true and complete to the best of my knowledge.

Student's Signature _____ Date _____

Parent/Guardian Signature (dependent students only) _____ Date _____

Return to: Admissions Department, Kingswood University
26 Western Street, PO Box 5125, Sussex, NB Canada E4E 5L2 Phone: 506-432-4423 Fax: 506-432-4425