FAIRVIEW
Baptist Bible College
"Training Champions"

P.O. Box 24 Ramble, Hanover
Tel: (876) 997-5545
www.fairviewjamaica.org

HEALTH FORM

Section 1: To be Completed by Applicant

1. Full Name: _____
LAST FIRST MIDDLE

2. Date of Birth: _____/_____/_____ ☐ Male ☐ Female

3. Permanent Address: _____

City: _____ Parish/State: _____

4. Home Phone: _____ Work/Cell Phone: _____

5. Email Address: _____

6. Allergies

Name	Type of Reaction

7. Hospitalizations During Lifetime

Date	Type of Surgery/Illness/Injury

8. Chronic Medical Conditions (check all that apply)

☐ Asthma ☐ Hypertension ☐ Cancer ☐ Epilepsy ☐ Diabetes
☐ Sickle Cell ☐ Physical Handicap ☐ Other: _____

SECTION 2: Medical Examination to be Completed by a Physician

1. Height: _____ Weight: _____

2. Blood Pressure: _____ Pulse: _____

3. Hearing: _____

4. Eyesight: _____

5. Please provide verification that these immunizations are up to date. If no verification can be provided, physician should administer as necessary.

Immunization	Date Administered
BCG	
Polio	
DPT	
Tetanus Booster	
Rubella	
Measles	
Mumps	
Hepatitis B	

6. Estimation of emotion equilibrium and stamina (any mental illness):

_____

_____

_____

7. Please make a note of any significant findings or suggestions of the physical exam that need further diagnostic work.

_____

_____

_____

SECTION 3: Physician Information & Certification

1. Full Name: _____
LAST FIRST MIDDLE

2. Phone: _____

3. Address: _____

City: _____ Parish/State: _____

I, herby certify that this applicant is in good health and able to undertake the proposed programme of study.

Signature: _____ Date: _____

Please Mail Completed Form to:

Admissions
Fairview Baptist Bible College
P.O. Box 24
Ramble, Hanover, Jamaica W.I.

OR EMAIL
admissions@fairviewjamaica.org