

MEDICAL HISTORY

(Note: This form must be filled out within six months before the applicant's admission to FaithWay Baptist College of Canada)

To be completed by all undergraduate applicants

Name: _____ Birth Date: _____

Street Address	City	Province/State	Postal/Zip Code
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Parent or Legal Guardian: _____
Last First

Family Physician: _____

Address: _____

Have you ever suffered or received treatment for a mental or nervous disorder?
If the answer to this question is affirmative, a letter of explanation must accompany this form.

Underline if afflicted with any of the following:

Diabetes, Epilepsy, Asthma, Hay Fever, Fainting Spells, Headaches

List any medications which you must take on a regular basis:

List any allergies you have: _____

Has a doctor ever required you to be on a special diet? _____

If so, state reason: _____

This form is to be mailed to:
DIRECTOR OF ADMISSIONS
FaithWay Baptist College of Canada
1964 Salem Road · Ajax, Ontario L1T 4V3

