



# ACHIEVE Health Form

Completed form is a requirement for enrollment at SEBC

|                         |
|-------------------------|
| <b>OFFICE USE ONLY:</b> |
| DATE COMPLETED: _____   |
| HOLD REMOVED: _____     |

**PLEASE PRINT:**

Name: \_\_\_\_\_ Enrolling: \_\_\_\_\_ Year  Fall  Spring  Summer  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F Marital Status: \_\_\_\_\_

**MEDICAL HISTORY.** Please circle all that apply.

- |               |                          |                            |
|---------------|--------------------------|----------------------------|
| Anemia        | Epilepsy/Seizures        | Injury to bones/Joints     |
| Asthma        | Frequent Anxiety         | Kidney Disease             |
| Back Problems | Hay Fever                | Malaria                    |
| Depression    | Hepatitis                | Migraine Headaches         |
| Diabetes      | Heart Murmur             | Rheumatic Fever            |
| Ear Trouble   | High Blood Pressure      | Sickle Cell Disease        |
| Eye Trouble   | Infectious Mononucleosis | Stomach/Intestinal Trouble |

Please list any other information not covered above (Operations, Hospitalizations, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Allergies. (Medications, Food, Insect Bites, etc.) Please be specific as to what allergic response you have (rash, breathing problems, etc.) \_\_\_\_\_

\_\_\_\_\_

Current medications. \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

I authorize Southeastern Bible College to administer medical service, immunizations, diagnostic and therapeutic procedures as deemed necessary by duly licensed personnel. I will not hold Southeastern Bible College responsible for accident or injury directly incurred while \_\_\_\_\_ is on campus or while traveling for a school function. **I certify that I have fully disclosed my medical history, and that the information provided on this form is true.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM BY DECEMBER 1 OR AUGUST 1 AND RETURN TO:**

**SOUTHEASTERN BIBLE COLLEGE  
Attn: Student Life Office  
2545 Valleydale Road  
Birmingham, AL 35244**