Please Check (🗸) Freshman_____ Transfer_____

Date of intended enrollment

HEALTH FORM

Return to: ADMISSIONS OFFICE HILLSDALE COLLEGE HILLSDALE, MI 49242

	E USE ONLY
Received date	
Reviewed on	
Reviewed by	
Letter sent	

Instructions: Complete all items of this health form. Where questions are not applicable, use symbol "N/A". This form should be signed by your parent or guardian unless you are married or over 18 years of age.

This health information is part of your college entrance requirements and must be returned prior to registration to the Office of Admissions.

. GENEKAL	INFORMATION:						
Name	WOR	200		100 miles (100 miles (al Security No		
Lasi Fra Home Address		Fist		viode	Phone		
	No.	Street	City	State	Zp		
Sex	Date of Birth		Count	D G GG S			
Religion				Mari	tal Status		
Parent or Guardia	n						
Address							
Family Physician_							
Address							
	CTORY-						
II. FAMILY HI				16	range and a second		
	ather: general health						
C1000 C100 C100 C100 C100 C100 C100 C10					l, give cause		
	ng			Deceased	PROCEEDING SOM		
Sisters: No. living		Health		Deceased	Cause		
Indicate which of	f your (blood) relatives ha	ve had any of the fo	ollowing diseases				
Cancer	The state of the s	Tuberculosis		Nerv	ous breakdown		
Heart disease		Diabetes		_ Epilepsy	Hay Fever		
Comments on far	nily history:	7.					
III. PERSONA							
Please indicate i	mmunizations you have r	eceived by providing	g us with dates y	ou received them.			
DPT		Polio			Chest X-Ray		
MMR		*Tetanus (TD)			Other		
u ee o		*TB Test					

^{*}Requirements include TD every 10 years, MMR (2 doses), and recent TB test.

^{**} Because of the increased number of cases of tuberculosis world-wide, Hillsdale College requires a TB test or a negative chest x-ray for each of its students prior to admission. An acceptable TB test or chest x-ray is one obtained within the last three years.

Height:ft,ft	in. Weight:	lbs.	
General health during childhood: Excellent		VALUE OF THE PROPERTY OF THE P	Poor
Have you ever lived with anyone known to have TB			
Check each illness that you have had indicating	the year.		
Year Measles German Measles (rubella) Mumps Scarlet fever Chickenpox Poliomyelitis Asthma	Year Rheumatic fever Tuberculosis Heart trouble Tonsillitis Epilepsy Nervous Breakdown Discharging ear		Year Hay fever Strep throat Infectious mononucleosis Bronchitis Hearing problems Hepatitis or jaundice Hernia
Comments on illnesses checked above:			
Name any other illness and give year:			
Surgical operations: Tonsillectomy	Appendectomy		_ Other
Injuries: How			Year
Do you have frequent colds?	Do you smoke?	Heavy	Moderate Little
Do you have a chronic cough?			
Are you subject to headaches?	How frequently	y?	
Do you wear glasses?	Date of last eye examination		
Date of last dental examination			
Have you ever "blacked out" or had fainting spe	ells?		
Do you take any medicine regularly?	If so, what for?		
Do you have menstrual difficulties?	If so, what?		4.4
Are you allergic to any drugs, food, etc.?	If so, what?		
Is there anything in your physical or mental or e Describe the disease or handicap	and the same and the same and the same and the same the s		-115.000
We hereby authorize immunizations and treatment consent to emergency treatment by a licensed phase may be deemed necessary for care. We understant the consent to the conse	derstand that in case of a serious illness	or accident, we will b	e notified.
Signature			esares
Relationship to Student			one
Date Witness	INSURANCE INFORMATION	N2	
Students are urged to be sure of their insurance	e coverage and what types of benefits it a	affords. Carry a card	with these numbers and information.
Insured's name (parent)			hone
City ☐ Blue Cross/Blue Shield Group	Contract	Service CodeAddress	Other
☐ Blue Cross/Blue Shield	Contract	Address	er

HILLSDALE COLLEGE

Please return this form to the Director of Admissions Hillsdale College, Hillsdale, Michigan 49242

This form must be filed by all students, whether or not they will be residing in college housing units.

The deposit of \$200.00, to be credited to the student's account, assures each person a dormitory reservation where applicable. Reservations are determined by date of deposit.

All Students, except those who are married or living with relatives in the area, must live in college residences if space permits. Please refer to the Hillsdale College catalogue for additional guidelines.

PLEASE ENCLOSE ONE RECENT SNAPSHOT OR SMALL PHOTOGRAPH. THIS PICTURE IS MANDATORY FOR COMPLETING YOUR ENROLLMENT PROCESS.

ERROLLMENT PROCESS.					Date			
Name					Social Security Number	er		
Address					Home Telephone			
Street	City			and ZIP Code	Traine raopriorio			
Name of Father					Occupation			
Address of Father					Business Telephone			
Name of Mother					Occupation			
Address of Mother					Business Telephone			
Birthplace of Parents: Father					Mother			
,ucation of Parents:								
Father: High School	Graduated:	Yes	No	College Name	e	_ Degree:	Yes_	No
Mother: High School		Yes	No	College Nam	е	_ Degree:	Yes_	No
Birthplace	Birth Date			Height_	Weight	Vete	ran	
	(month		(year)	25.040				
Church Preference								
Do you smoke?	_	Wauld	t you mind	l if your room	mate does?			
Secondary School attended		2 4 5 5 1 7 5 1 1 1 1 4 1 7 5 1	100		Date of gradua	tion		
Scholastic rank in secondary school: Upp	er third N	Middle third	d	_ Lower third				
Other Colleges attended					Dates			
Favorite subjects							-	
Future vocational aim					20.00			
College program intended (majors and mil	nors)			11772				
Organizations to which you belong								
ra-curricular activities in secondary sch	ool							
Interests and Hobbies								11 111 - 1 - 1
Work experiences								
Foreign countries visited								
Roommate desired (Description or name)					_ Dormitory Preference	B		
IF TRANSFERRING FROM ANOTHER	INSTITUTION:							
Did you participate in rushing?			Wer	e you pledged	d?	When?		
Date of initiation					9.63			
INTERNATIONAL/OUT OF STATE ST	UDENTS:							
IT IS IMPORTANT that international and out	of state students ta	ke note of	the follow	ing requirem	ent of the College in orde	er to elimina	te futur	e anxietie
All students must plan to provide for their ro	om and board during	the regula	ar vacation	time and bet	ween semesters. The Co	ollege does	nat prov	vide faciliti
for housing and board during this period.								
	(DO)	IOT WRITI	E BELOW	THIS LINE)				
			-2.20					
Date of enrollment deposit	A	ssignmen	t: Room		Dormito	ory		