

If either of your parents or any siblings are deceased, please indicate cause and age of death.

Have you ever discontinued study or work because of physical, mental or emotional illness? If so, give dates and circumstances.

Are you at present under regular medical and/or psychological care of someone other than the examining physician below? If so, please ask that physician, counselor or therapist to submit a statement describing your capacity to successfully pursue and complete a program of study in theology.

Are you at the present time regularly taking either prescription or over-the-counter medication? Please list and explain.

Please indicate any exceptional medical conditions and/or circumstances that you feel need to be taken into account by the Admissions Committee.

I hereby certify that to the best of my knowledge, the information given above is true and accurate.

Applicant's signature

Date

Examining Physician's Statement:

General health of the applicant: Excellent ____ Good ____ Fair ____

Is the applicant a carrier of any communicable disease or HIV? _____

Any special limitations or restrictions on physical activity? _____

Examining Physician (Signature)

Date

Physician's Name (Type or Print)

Address

City

State

Zip Code