
GARDNER COLLEGE
- A Centre for Christian Studies -
Camrose, Alberta
CONFIDENTIAL HEALTH QUESTIONNAIRE
FORM C

NAME _____

HEALTH CARE NUMBER _____

In case of an **EMERGENCY**, the following person is to be notified:

Last name _____ First name _____

Home phone number _____ Office phone number _____

Address _____
Street/box # _____ City _____ Postal code _____

Relationship to applicant _____

Do you wear a medical alert bracelet? Yes No

If so, state reason _____

Do you have any known allergies? Yes No

What medications do you take regularly? _____

What medications do you take occasionally?

Have you ever suffered from or, received treatment for Tuberculosis? Yes No

*Date of last TB test _____

*Date of last Tetanus injection _____

Do you have a speech problem? Yes No

Do you have a hearing problem? Yes No

Do you have a vision problem? Yes No

Date of last eye exam. _____

(The applicant is urged to have an eye examination before entering college.)
