

HEALTH CERTIFICATE
New Orleans Baptist Theological Seminary
Office of Research Doctoral Programs
3939 Gentilly Blvd.
New Orleans, LA 70126
1-800-NOBTS-01, ext. 8010

NAME _____ NOBTS-ID # _____
(LAST) (FIRST) (MI)

CURRENT MAILING ADDRESS _____

DATE OF BIRTH _____ DATE EXAMINED BY PHYSICIAN _____
(MONTH) (DAY) (YEAR)

I hereby authorize Dr. _____ to release the information contained in this medical form which is required for admission to New Orleans Baptist Theological Seminary.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF WITNESS _____ DATE _____

NOTE TO THE EXAMINING PHYSICIAN

The purpose of this form is threefold: (1) Seminary responsibilities are very strenuous. In addition to carrying a heavy load of studies, a student often has to work to support himself or herself. To be sure that the student is physically and emotionally competent to carry such a load, we need a medical evaluation of the applicant. (2) At the Seminary we offer a limited health service (resident campus physicians who conduct regular clinics and a resident nurse who arranges for treatment of emergency cases). Important points (if any) in the applicant's medical history will be helpful in this connection. (3) To comply with the immunization laws of the state of Louisiana, proof of immunization is required by all applicants.

1. Please indicate the nature of the applicant's relationship with you as a physician:

- a. Regular patient _____
- b. Occasional patient _____
- c. First visit _____

2. Significant points (if any) in the applicant's family history:

3. Significant points (if any) in the applicant's past medical history:

