mid-america
REFORMED SEMINARY
229 Seminary Drive
Dyer, IN 46311

medical questionnaire

Applicant Information

Name: _____

Address: _____
Number, Street, and Apt # | City | State/Province | Zip/Postal Code | Country

Degree being pursued: ☐ Master of Divinity ☐ Master of Theological Studies

Height _____ Weight _____
feet inches pounds

How long has it been since your last physical? _____

Please answer the following questions

a.	Do you have any physical, mental or emotional disabilities?	☐ Yes	☐ No
b.	Do you have any communicable diseases?	☐ Yes	☐ No
c.	Do you have any health condition that would limit your ability to pursue full-time graduate work?	☐ Yes	☐ No
d.	Are there any situations in your life that might make the candidacy for your degree program questionable?	☐ Yes	☐ No

Have you ever been diagnosed with or do you have:

e.	Frequent or Severe Headaches	☐ Yes	☐ No
f.	Dizziness or Fainting	☐ Yes	☐ No
g.	Eye or vision trouble (except glasses)	☐ Yes	☐ No
h.	Allergies	☐ Yes	☐ No
i.	Asthma or Lung Disease	☐ Yes	☐ No
j.	Heart or Vascular Trouble	☐ Yes	☐ No
k.	High or Low Blood Pressure	☐ Yes	☐ No
l.	Stomach, Liver or Intestinal Trouble	☐ Yes	☐ No
m.	Diabetes	☐ Yes	☐ No
n.	Neurological Disorders (epilepsy, seizures, paralysis, etc.)	☐ Yes	☐ No
o.	Mental Disorders (depression, anxiety, etc.)	☐ Yes	☐ No
p.	Substance Dependence	☐ Yes	☐ No
q.	Alcohol Dependence or Abuse	☐ Yes	☐ No

If you answered yes to any of the above questions, please briefly describe the condition and any remedies:

_____

_____

_____

_____

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