



ROCKY
MOUNTAIN
COLLEGE

Student Health Services Form

The information contained in this record is confidential. It is kept in the student's personal health folder for use by health service personnel only. No information will be released without the student's written consent.

Name (last, first, middle) _____

Age _____ Date of birth (mm/dd/yy) _____ Male Female

Address (while in Billings) _____

Parent(s)/Guardian(s) name _____

Parent Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

Family physician _____ Address _____

In case of serious illness, notify _____ Phone (_____) _____

I hereby give permission to Rocky Mountain College (RMC) Student Health Services to perform examinations, immunizations, and medical tests deemed necessary and to administer medical treatment advised. Parent must sign below if student is under 18 years of age.

Student signature _____ Date _____

Parent signature _____ Date _____

Personal History

Have you had, or do you now have, any of the medical concerns listed? Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Asthma, hay fever, allergies |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Heart or circulation problems |
| <input type="checkbox"/> Bleeding problems | <input type="checkbox"/> Bone or joint problems | <input type="checkbox"/> Menstrual or pregnancy problems |
| <input type="checkbox"/> Alcohol problems | <input type="checkbox"/> Digestive or liver disease | <input type="checkbox"/> Emotional or mental health problems |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Kidney or urinary problems | |

Do you have a physical disability requiring special consideration from the College? _____

Drug allergies or reactions? _____

Medications taken on a regular basis? _____

Surgical operations or hospitalization? _____

Please attach or submit a copy of your immunization record. Students **WILL NOT** be allowed to attend classes until all RMC immunization requirements are met. Therefore, it is critical that students take care of meeting these requirements and return the Rocky Mountain College Student Health Services Form as far in advance of Orientation as possible.

Required immunizations include two (2) MMRs (measles, mumps, rubella).

If you have questions regarding immunization and health record requirements, please contact the Office of Admissions at [406.657.1026](tel:406.657.1026). Immunizations may be submitted along with this form by email at admissions@rocky.edu, or by fax at [406.657.1189](tel:406.657.1189).