APPLICANT'S HEALTH STATUS

Name _____

Please tick the appropriate boxes for the following questions.
If in doubt consult your doctor. If answering "yes" on any point, please give details.

1 Do you have recurring problems in any of the following?

Headaches	☐ No	☐ Yes	_____
Eye Strain	☐ No	☐ Yes	_____
Sinus Trouble	☐ No	☐ Yes	_____
Skin Condition	☐ No	☐ Yes	_____
Depression	☐ No	☐ Yes	_____
Sore Throats	☐ No	☐ Yes	_____
Hay Fever	☐ No	☐ Yes	_____
Asthma	☐ No	☐ Yes	_____
Back Problems	☐ No	☐ Yes	_____
Allergies (Please list)	☐ No	☐ Yes	_____
Repetitive Strain Injury	☐ No	☐ Yes	_____
Other	☐ No	☐ Yes	_____

2 Are there any foods or drinks you are not able to take? ☐ No ☐ Yes

3 Have you had any operations, serious accidents or injuries? ☐ No ☐ Yes

4 If so, have you any disability as a consequence? ☐ No ☐ Yes

5 Have you ever been treated for depression or nervous illness? ☐ No ☐ Yes

6 Your height: _____ Your weight: _____

7 Is there any other information you feel the college needs to know? ☐ No ☐ Yes

All information presented in this application will remain confidential to Eastwest College staff