

Certificate of Medical Examination
**BLUEWATER BIBLE COLLEGE
& INSTITUTE**

TO THE APPLICANT: Fill in the lines in this section. Do not write below the heavy line.

NAME: _____

FIRST

MIDDLE

LAST

ADDRESS: _____

STREET OR BOX NUMBER

STATE OR ISLAND

COUNTRY

TO THE PHYSICIAN: Please make any examination which you consider necessary in estimating the candidate's fitness for college activities.

Date Examined: _____

Applicant's Age: _____ Weight: _____ Height: _____

Blood Pressure: _____ Hearing: _____ Eyes and Vision: _____

Teeth: _____ Tonsils: _____

Other Observations: _____

Any Chronic Disease or Symptoms Thereof: _____

Any Pneumatic or Sinus Trouble: _____

Any trace of Abnormality: _____

Any Emotional Disturbances: _____

Nervous Stability: Good: _____ Fair: _____ Poor: _____

Diabetic: _____ Parasites: _____

Do you consider the Applicant capable of carrying a full college program of study?

M.D. _____

Address: _____
