



MID-AMERICA REFORMED SEMINARY

229 Seminary Drive
Dyer, IN 46311
p. 219.864.2400
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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 graduate work? Yes No
- d. Are there any situations in your life that might make the candidacy for your degree program questionable? Yes No
- e. Do your immunizations need to be updated? Yes No

Have you ever been diagnosed with or do you have:

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

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