McPherson College Student Demographic Sheet

EVERY STUDENT completes this EVERY YEAR

Basic Demographics

Legal Name: Date:
Preferred Name: Student ID Number:
Home State: Hometown:
Date of Birth: Sex:
Email Address: Religion:
Athlete / Sport: ____ Yes, Sport: ____ No
Automotive Restoration: ____ Yes ____ No
Major: ____ Freshman ____ Transfer
Year in School: GPA:
Twitter Handle (optional) @

Emergency Contact Information

Contact 1 Name Phone Who are they to you?
Contact 2 Name Phone Who are they to you?

Mental Health

Please select if any of the following apply to you. This information is highly protected.

____ Anxiety ____ Depression ____ OCD ____ Bipolar ____ Thoughts of Self Harm
Other:
Do you currently take any psychiatric medications? ____ Yes ____ No
Please List:
Do you currently see a mental health provider? ____ Yes ____ No
Would you like to receive information our mental health services? ____ Yes ____ No

Physical Health

____ Seizures ____ Migraines ____ High/Low Blood Pressure ____ UTI History ____ Diabetes
____ Asthma ____ ADHD/ADD ____ Concussion last 2 years ____ STD / list:
____ Had chicken pox ____ Had tuberculosis ____ Had mono
____ Allergic to: Other:
____ Surgeries Please List:
Do you currently take any prescription medications? ____ Yes ____ No
Please List:
Would you like to receive information our health clinic? ____ Yes ____ No
Primary Health Care Provider Name
Contact Information

Immunizations (only for new students—transfer or freshman)

We require the following immunizations

____ MMR ____ Tdab ____ Hepatitis B ____ Meningitis

We recommend the following immunizations

____ Polio booster (age 16+) ____ Varicella ____ Meningitis B ____ HPV ____ Hepatitis A
____ Typhoid ____ Yellow Fever

Insurance

____ I do not have insurance
Name and address of company Phone:
Name of policy holder Policy Holder Date of Birth:
Employer: Policy Number:
Group Number: Phone:

EMAIL TO STULIFEASST OR FAX TO 620-242-0511