

MEDICAL INFORMATION SHEET

To ensure medical secrecy, please kindly place this questionnaire in a sealed envelope for the attention of the nurse of the UTT. Please kindly write your contact details on the envelope.

Please do not hesitate to contact the health service (doctor or nurse) of the UTT either at the start of or during the Academic Year to let them know any health problem which might affect your studies.

Please kindly note that you must take your health record book when going to your UTT medical checkup as you will be requested to submit this document on this occasion.

Medical checkup for minor students: Beware, we will contact your family in case of two unattended UTT medical checkups.

SURNAME: _____ **Given name :** _____

Born (DD/MM/YY): _____

In (place) : _____

Age: _____

Sex: M F

“Département”: (applies if you were born in France) _____

Country: _____ Nationality: _____

Parents' address: _____

Students' address: _____

Parents' phone number: _____ Student's phone number: _____

Social security number: _____

Emergency contact person (title, name, phone number): _____

► **Do you suffer from one of the following diseases?**

- | | | | |
|--|------------------------------|-----------------------------|------------------------|
| - Allergy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, to what: _____ |
| - Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| - Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| - Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| - Dyslexia, dyscalculation, dys-spelling, dyspraxia... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| - Psychiatric disorders | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
- Other chronic disease or handicap, please specify: _____

► **Do you take/receive regular medical treatment?** Yes No

If yes, please specify : _____

You may leave the medicine(s) corresponding to your treatment(s) and a copy of the related medical prescription at the sick bay of the UTT to be able to face emergency situations.

► **Date of your last admission to hospital and cause of admission:** _____

► **Your education:**

Have special arrangements already been made in order for you to be able to attend school/courses?

Yes No

Have you ever taken an examination under special conditions? (additional exam time, special arrangements, others)

Yes No

If yes, please specify: _____

Filled out in (place):

Date, (DD/MM/YY):

Student's signature (or of his legal representative if minor)