



# Health Information Form

Thank you for your interest to have an academic experience at UNESA. It is important that we be aware of any past or current medical issues, including mental health conditions, which might affect your study. This information will be kept confidential to protect student privacy. Disclosure of such information may be made to appropriate individuals (including program staff and resident directors) and to provide you with assistance should the need arise during your study. Health tests, certifications, or other actions may also be required prior to departure in certain circumstances.

UNESA International Office is committed to enabling participation in its programs for all qualified individuals. If you have questions, need assistance, or wish to discuss accommodations for health problems, please contact the office. Accommodations may require extensive planning and communications with foreign contacts, so adequate lead time is critical. Contact should accordingly be initiated as soon as possible.

## PART A: GENERAL INSTRUCTIONS:

Completing and having this is a condition of study in UNESA programs  
Please complete this form in English using black ink and in capital letters.

- ✓ You must notify UNESA IO of any relevant changes to the information that may occur prior to the program.
- ✓ The information in this form is confidential.
- ✓ Please take the signed original of this form plus any supporting documents.

## PART B: HEALTH HISTORY

In case of hospitalization by UNESA, student's medical records are available from:

Physician / Hospital :	
Telephone Number :	
Address:	

Has the student ever had any infectious diseases?  No  Yes. If yes, please tick  any that apply:

<input type="checkbox"/> Measles (Rubeola)	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Hepatitis (specify)	<input type="checkbox"/> Frequent tonsillitis
<input type="checkbox"/> Rubella (German Measles)	<input type="checkbox"/> Pneumococcal infection	<input type="checkbox"/> Yellow fever	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Staphylococcal infection	<input type="checkbox"/> Streptococcal infection	<input type="checkbox"/> Other, please specify:	

Please provide a brief history/explanation regarding above and whether they have left any lasting complications:

Does the student have any recurring medical problems or chronic conditions?  No  Yes. If yes, please tick  any that apply:

<input type="checkbox"/> Anemia/blood disorder	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> HIV	<input type="checkbox"/> Migraines/headaches
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Mobility limitations
<input type="checkbox"/> Autism/Asperger's Syndrome	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Lupus	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Mental health concern	<input type="checkbox"/> Color blind
<input type="checkbox"/> Attention deficit hyperactivity disorder (ADHD/ADD)	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other, please specify:	

Please specify if there is anything that UNESA staff should be aware of relating to any of the above:

## PART C: CURRENT MEDICATIONS AND NEEDS

Student's Name:			
	<i>Last</i>	<i>First/Given</i>	<i>Middle</i>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:  — —      — —      — — — — <i>dd</i> <i>mm</i> <i>Yyyy</i>		Country of Citizenship:
Department / Degree:		Duration of program (start date and end date):  Start date:                                      End date:	

In case of emergency, please contact:	Language (s) Spoken:
Contact number (Home):  <i>country code</i> — <i>Area code</i> — <i>number</i>	Contact number (Office and/or Mobile):  <i>country code</i> — <i>area code</i> — <i>number</i>

### Diet

Do you require a special diet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	
Are there any foods that you cannot or should not eat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	

### Allergies

Do you have allergies to:		
Food	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
Others	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
What medications can you be given for an allergic reaction?		

### Medications

Do you take any medications?*)**)			
Brand Name	Generic Name	Dose, Schedule, Special Instruction	If it is a prescription, is it renewable?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

\*) Please ensure sufficient supply for the study's duration.

### Special Needs

Do you have any special needs or require any specific support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:	<div style="border: 1px solid black; height: 30px; width: 650px;"></div>

\*\*) Bringing any specific medical documentation would be very helpful for a doctor in the host country. Bringing it with you can help avoid unnecessary and expensive procedures. It is recommended that you discuss this with your regular physician.

**PART D: HEALTH INSURANCE**

Are you holding health insurance? No  Yes

If no, it is strongly recommended that you make your own health insurance. If you are not going to have health insurance, you are aware that all expenses that may happen because of your health problems will be you or your parents' responsibility.

If yes, please make sure that your health insurance is applicable in Indonesia.

Primary Insurance Company Name

\_\_\_\_\_

Policy Number

\_\_\_\_\_

Insurance Company Phone

\_\_\_\_\_

**PART E: CERTIFICATION**

*I certify that all responses made on this form are true, accurate and complete, and I will notify UNESA IO of any relevant changes that may occur prior to or during my study program. I have included in this form, advised the UNESA IO Staff of any special needs or assistance that I/the student may have relating to my/the student's physical and mental health. I am aware that if I do not provide complete information, this may cause hardship and concern to others and may affect my/the student's own welfare. I understand that if I do not provide complete information, UNESA IO may decide to send me/the student home from the study program at my/the student's own expense.*

*I consent to the release of medical information to UNESA IO or its agents so that they may provide me with needed assistance. I further agree that UNESA IO or its agents may release information to other persons who may need this information to assist me/the student or to assist others in my study. I understand and agree that this form may be released to the UNESA IO staffs for such purposes.*

*I am aware that I am responsible for my/the student's physical and mental health and will cover any medical expenses that may occur during my/the student's study at UNESA.*

*If my parents or guardians have not signed this form, I represent and certify that I am not a minor according to the laws of my country.*

Tick if this is the case

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian  
of student: \_\_\_\_\_

Date: \_\_\_\_\_