

MEDICAL HISTORY & EMERGENCY CONTACTS - CLASS OF 2018

The information provided below will remain confidential and will be accessed and used only in the case of physical/mental health related issues/emergencies, or as deemed fit by the in-campus Medical/Counselling Centre. Please disclose all relevant information.

Please Note: A consultation with the in-house doctor is mandatory, within the first 15 days from the date of registration.

Application No.										Admission No.										Programme																			
Name as in Full (<i>Block letters</i>) <i>(Please note that our University records will reflect this in the same order)</i>										_____										_____																			
										First Name										Middle Name										Last Name									
Gender										Age																													
Marital Status																				Blood Group																			
Emergency Contact person details (In case this person is not available, the University will reach out to other contacts mentioned in the Student information sheet)										Phone No.:																													
										Email ID:																													
										Address:																													
Local Guardian at Cochin										Phone No.:																													
										Email ID:																													
										Address:																													

CURRENT HEALTH STATUS

1. Are you currently undergoing treatment for any health issues? Please specify

Physical/Mental Health Issues:

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Contact details of Physician/Psychiatrist/Therapist:

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Name of medication (prescribed medicine), if any:

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2. Are you allergic to any medication? Please mention the details.

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PERSONAL MEDICAL HISTORY

3. Have you been treated in the past for any of the below?

Diabetes

Hypertension (BP)

Asthma

Cardiac diseases

Any other illness; please specify

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4. Have you undergone any surgery in the past? Yes No

If yes, please provide details

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5. Have you ever suffered from any psychiatric illness? Yes No

If yes, please provide details

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FAMILY MEDICAL HISTORY

6. Has any member of your immediate family been treated in the past for any of the below:

Diabetes

Hypertension (BP)

Cardiac diseases

Psychiatric illness

Any other illness; please specify

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Place:

Date:

Signature of student