

Health History Form for students

Please answer each question and use capital letters!

Applicant number: 69662 Date of birth (day/month/year): 06/10/2005
Family name: ROSETE Given name(s): PRINCESS AMIAH GWYNETH
Place of birth (Town and country): TUGUEGARAO CITY, PHILIPPINES
Mother's maiden name (family name, given name): VERAZON, AILEEN
Address (house #, floor, door, street, town, country, postal code): 406, 4th, HOOR 18-AL JADAF, DUBAI
Health insurance card # (if available): 0971 1004 01906983 02

The following questions must be answered truthfully and to the best of your knowledge.

1) Do your parents, brothers or sisters have any known illnesses (for example: high blood pressure, diabetes, asthma, bleeding disorders...)

Mother: NONE
Father: NONE
Brothers/Sisters: NONE

2) Do you have any known allergies (food, insect stings, penicillin, hay fever, other)?

Yes /specify: No

3) Have you ever undergone a surgery? Yes /specify: No

Check the infectious diseases you have had:

Measles	Yes <input checked="" type="radio"/> No	Chicken pox	Yes <input checked="" type="radio"/> No	Mumps	Yes <input checked="" type="radio"/> No
Mononucleosis	Yes <input checked="" type="radio"/> No	Tuberculosis	Yes <input checked="" type="radio"/> No	Hepatitis	Yes <input checked="" type="radio"/> No

Have you ever tested positive for HIV? Yes No

Have you ever been treated with malaria? Yes No

List any other infectious diseases you have had: _____

4) Have you ever lost consciousness? Yes /when, how often: No

5) Have you ever had seizures? Yes /when, how often: No

6) List chronic health concerns or illnesses you are currently treated with.

7) Please list ALL current medications taken on a routine basis.

I take no medications on a routine basis.

I take medications as stated below:

Med#1 _____ Dosage: _____ Reason for taking: _____

Med#2 _____ Dosage: _____ Reason for taking: _____

8) Do you smoke? No Yes, for _____ years, _____ cigarettes/day

9) Do you consume alcohol? Never Rarely Weekly Daily

10) Do you have a drivers' licence? Yes No

11) Have you been immunized against Hepatitis-B? Yes No

I hereby certify that the information contained in the Health History Form is valid with regard to my current health status and correct to the best of my knowledge. If a change in my health status occurs, I agree to notify the Occupational Health Care Provider of the University of Pécs.

Date: 29/04/2024


Signature