



MEDICAL INFORMATION FORM

EAHM recognises and supports students with particular learning requirements such as dyslexia, numeracy issue, etc. Disclosing a medical condition will not affect your admission to EAHM.

HISTORY: Have you ever suffered or are you currently suffering from the following conditions?

	YES	NO		YES	NO
Anemia			Kidney problems		
Asthma			Malaria		
Bilharzia			Measles		
Chicken Pox			Migraine headaches		
Cholera			Mumps		
Chronic or recurrent gastrointestinal problems			Pain or pressure in the chest		
Chronic skin problems			Pneumonia		
Diabetes mellitus			Significant allergic reaction/Allergies to medication		
Endocrine disorder(s)			Syphilis		
Epilepsy			Tuberculosis or contact with tuberculosis		
Fainting spells			Typhoid		
German Measles			Yellow Fever		
Heart problems			Anxiety reactions		
Hepatitis			Allergies to medication		
Hernia			Operation(s)		
High blood pressure			Serious accident(s)		
Infectious mononucleosis			Are you currently taking any medications (list):		
Irregular or rapid heart beat					

Please provide details on those items checked "Yes". Use the back of this sheet if required.

CURRENT MEDICAL CONDITION

1. Have you been in good health in the past twelve months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have any dietary restrictions or food allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have any significant chronic conditions requiring on-going medical treatment? (E.g. diabetes, heart problem, seizure disorder, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you aware of any other medical and psychological conditions that may affect your study?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered yes to questions 3 and 4, a separate physician's report attesting your capability in participating in the programme you are applying for at EAHM is required.

Name

Signature

Date