

International Student Health Information Form

Personal Information

Full Name

Date of Birth

Gender

Nationality

Student ID

Contact Information

Email Address

Phone Number

Current Address

Emergency Contact Name

Emergency Contact Phone

Relationship to Emergency Contact

Health Insurance

Do you have health insurance?

Insurance Provider

Policy/ID Number

Medical History

Allergies

Chronic Illnesses/Conditions

Current Medications

Immunization History

Please list your immunizations

Additional Information

Dietary Restrictions

Other Health Information