

International Student Medical Information Form

Full Name

Date of Birth

Student ID

Gender

Nationality

Contact Information

Email

Phone

Permanent Address

Emergency Contact Name & Relationship

Emergency Contact Phone

Emergency Contact Email

Medical Information

Medical History (illnesses, surgeries, hospitalizations)

Allergies

Current Medications

Chronic Conditions / Disabilities

Immunizations (list vaccines & dates or attach record)

Health Insurance Provider & Policy Number

Primary Physician Name & Contact

Other Relevant Medical Information

Consent & Declaration

I certify that the information provided is true and complete to the best of my knowledge.



Signature

Date