MEDICAL HISTORY

PART A. PERSONAL INFORMATION (TO BE COMPLETED BY THE STUDENT)

- ☐ Newly Enrolled – Sudents coming from high school
- ☐ Readmission
- ☐ Transfer – Students coming from other university institutions
- ☐ Transfer within the UPR System
- ☐ Special permission
- ☐ Professional Development
- ☐ Graduate Student
- ☐ International Student

Name: ______________________ **Student Number:** ____________ **Gender:** ☐ M ☐ F ☐ Other ☐ Prefer not to say

Civil Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow | ***Emanicapted:** ☐ YES☐ NO

Birthdate: ______________________ (day/month/year) **Age:** ________ **Birthplace:** ______________________ (town/country)

Physical Address: ______________________ | **Mailing Address:** ______________________

Phone/Cell number: __________ | **Institucional Email:** ______________________

Father's name: ______________________
Phone/Cell number: ______________________ | **Mother's Name:** ______________________
Phone/Cell number: ______________________

In case of an emergency, contact: ______________ **Relationship:** __________ **Phone/Cell number:** ________

In case of an emergency, contact: ______________ **Relationship:** __________ **Phone/Cell number:** ________

PART B. MEDICAL CONDITIONS (TO BE COMPLETED BY THE STUDENT)

Mark all your past or current health problems or medical conditions:

	Condition		Condition		Condition	
	Anemia		Hepatitis		Poliomyelitis	
	Chickenpox		High Cholesterol		Respiratory Condition	
	Chronic Intestinal Problem		Hipoglucemia		Rheumathoid Arthtritis	
	Diabetes		Kidney Issue		Rheumatic Fever	
	Diphteria		Malignancy (Tumor)		Scarlet Fever	
	Emotional Alterations		Measles		Severe Physical Trauma	
	Epilepsy		Mental Condition		Sexually Transmited Disease	
	Frequent colds		Mononucleosis		Skin Disease	
	Frequent Throat Infections		Mumps		Speech Problem	
	Hearing Problem		Orthopedic Problem		Thyroid Condition	
	Heart Problem		Osteoporosis		Tuberculosis	
	Hemophilia		Otitis Media (Middle Ear Infection)		Ulcers	

Other health problems:
Indicate treatment, if any:
Surgeries or medical procedures:
Food or drug allergies:
Hospitalizations or Illnesses in the past year:

* Medical forms of emancipated minors or with a legal guardian signature shall be accompanied by a document that certifies emancipation or legal guardian assignment.

______________________ Student Signature

______________________ Legal Guardian (if under 21 years old)

______________________ Date (day/month/year)

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