



Medical History

(Incoming students)

Please provide details for the following.
This form does not substitute complete anamnesis.

First Name, Last Name _____

Date of Birth _____

Permanent Address _____

Driving License YES x NO

Main complaint _____

Additional illnesses

Please note all illnesses, surgeries, hospitalizations, injuries and dates if possible.

Allergies and sensitivities _____

Currently I am being medically treated by a specialist YES x NO

If yes, please circle: Neurologist, Pulmonary, Allergologist, Cardiologist, Diabetologist, Psychiatrist, ...

Medication

Note any drug in its full name and dosage including food supplements, herbs or homeopathic Remedies, hormonal contraception.

dosage, frequency, duration of use	name of medication

Tetanus Vaccination _____

Other Vaccination _____

Hepatitis A, B and/or other _____

I confirm I have not concealed any important information about my health condition.

Signature: _____

Date: _____