PAYAP UNIVERSITY

Southeast Asian Studies Program
Student Medical History

Family name | Other names(s) | Gender M F

Age | Birthdate D / M / Y | Country of Citizenship | Passport Number

Contact Address

Street Address

Town or city | State / province

Postal Code | Country

Telephone | Email

Emergency contact

First name | Last name

Relation | Telephone | Email

Health History

Family Health History

	Age	State of health: good	fair	poor	Age of death (if deceased)	Cause of death	Please check any of the following conditions that this family member now has or has had in the past: Cancer	Diabetes	Heart disease	Tuberculosis	Asthma	Allergies	Epilepsy	Mental illness	Other
Father															
Mother															
Brother (1)															
Brother (2)															
Brother (3)															
Sister (1)															
Sister (2)															
Sister (3)															

Personal Health History

	yes	no		yes	no		yes	no
Chicken pox			Asthma			Anxiety reactions		
Hepatitus			Major operation(s)			Chronic skin problems		
Infectious Mononucleosis			Malaria			Migraine headaches		
Tuberculosis (TB) or contact			Diabetes mellitus			Gastrointestinal problems		
Heart problems			Severe allergic reactions			Endocrine disorder(s)		
High blood pressure			Anemia			Allergies to medication(s)		
irregular or rapid heart beat			Fainting Spells			Physical handicap(s)		
Pain or pressure in the chest			Epilepsy			Currently taking medications?		

*please give details for any “yes” answers on a separate sheet. Indicate your problem, diagnosis, and if you have made a complete recovery or are still under treatment. If still under treatment, your physician must complete the “Physicians Report” section.

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	yes	no
Have you had an injury or received medical care from a physician at any time during the past 12 months that could affect your academic performance and/or participation in program-related excursions (eg, mobility issues, mental stability, etc.)?	☐	☐
Do you have any condition requiring on-going medical supervision and treatment, or have you had any significant conditions which are currently in remission? (eg, diabetes, heart problems, chronic gastrointestinal disorder, seizures, cancer, etc.?)	☐	☐
Are you currently receiving, or have you received in the past two years, counseling in the treatment of any emotional problems, drug addictions, alcoholism, psychiatric condition or eating disorder?	☐	☐

If you answered YES to any of the three questions above, please elaborate on your condition and have the physician primarily responsible for your care complete the Physician's Report.

Immunizations

The following diseases are among those present in Southeast Asia. Please consult with your physician about the advisability of vaccination against these diseases, and indicate which vaccinations you have already received.

	Date of immunization		Date of immunization
Diphtheria/Pertussis/Tetanus (DPT)	D / M / Y	Measles	D / M / Y
Mumps	D / M / Y	Polio	D / M / Y
Hepatitis A	D / M / Y	Hepatitis B	D / M / Y
Japanese Encephalitis D	D / M / Y	Other	D / M / Y

I hereby certify that the responses I have given are correct to the best of my knowledge. I understand that the concealment of the aforementioned information may result in rejection of my application and/or disciplinary action including posible dismissal from the program if discovered after enrollment. If I have answered ***yes*** to any of the questions in the ***Personal History*** section above, I hereby authorize my physician to provide a complete response to the questions below.

Student signature _____ D / M / Y

Physician's Report

The applicant named above has indicated a current medical issue. Please evaluate the physical and/or mental health of this person. He/she is applying to attend at the Southeast Asian Studies Program at Payap University in Chiang Mai, Thailand.

Diagnosis _____

Medications and dosage _____

Stability of condition over the last two years _____

Recommendations for care of this individual _____

Are you aware of any medical considerations that would inhibit, or should prohibit, the full participation of this applicant in a program of academic study in a foreign country? yes ☐ no ☐

Name of physician _____

Physician's signature _____

Physician's address / telephone _____

updated 12/2015