UNIVERSITI TEKNOLOGI PETRONAS

HEALTH INFORMATION FORM

UNIVERSITI TEKNOLOGI PETRONAS 32610 Seri Iskandar, Perak Darul Ridzuan, MALAYSIA
Tel / Fax: +605 368 8386 Email: csdmobility@utp.edu.my

Please tick where appropriate

☐ Student Industrial Internship Programme (SIIP) ☐ Student Mobility Programme (SMP)

Please complete this form in **CAPITALS** and use a **BLACK PEN. No medical examination by health practitioner is required.**

- Student **must** notify UTP of any relevant changes to the information that may occur prior to the programme.
- The information in this form is confidential.
- Please provide supporting documents, if any.

PART A: STUDENT DETAILS

- Full Name
- Gender
- NRIC / Passport No
- Contact No (with country code)
- Email
- Student ID
- Faculty & Institution
- Nationality

PART B: EMERGENCY CONTACT

- Full Name
- NRIC / Passport Number
- Address
- Contact No (with country code)

PART C: HEALTH HISTORY

- Have you ever had any infectious disease?

☐ No ☐ Yes. If so, please tick below that apply

☐ Measles (Rubeola) ☐ Encephalitis ☐ Hepatitis (please specify) ☐ Frequent tonsilitis

☐ German Measles (Rubeola) ☐ Pneumococcal infection ☐ Yellow fever ☐ Bronchitis

☐ Staphylococcal infection ☐ Streptococcal infection ☐ Other, please specify

Remark

- Do you have any recurring medical problems or chronic conditions?

☐ No ☐ Yes. If so, please tick below that apply

☐ Anemia/blood disorder ☐ Eating disorder ☐ HIV ☐ Migraines/headaches

☐ Asthma ☐ Hypertension ☐ Kidney disease ☐ Mobility limitations

☐ Autism/Asperger's syndrome ☐ Diabetes ☐ Mental health illness ☐ Tuberculosis

☐ Attention deficit disorder (ADHD/ADD) ☐ Epilepsy ☐ Other, please specify

Remark

PART D: CURRENT MEDICATIONS AND NEEDS

Diet

Do you require a special diet?

☐ No ☐ Yes. If so, please specify

Are there any food(s) that you cannot or should not eat?

☐ No ☐ Yes. If so, please specify

Allergies

Do you have allergies to:		No	Yes
	Food	☐	☐
	Medicine	☐	☐
	Others	☐	☐

If you answer **Yes** to any option above, please give details below

---

Medications

Do you take any medications? [2, 3]

☐ No ☐ Yes. If so, please specify

What kind of medication(s) do you take and for what purpose?

Is your medication(s) a prescription? If so, is it renewable?

Have you taken substance beyond prescription? [2, 3]

☐ No ☐ Yes. If so, please specify

Special Needs

Do you have any special needs or require any specific support? [3]

☐ No ☐ Yes. If so, please specify

---

[2] Please ensure sufficient supply for the duration of your study.

[3] Bring along any specific medical documentation to the Host Intitution / Host Company. It is recommended that you discuss this issue with your health practitioner

PART E: HEALTH INSURANCE

Do you hold health insurance?

☐ No ☐ Yes

If **No,** you are required to obtain for health insurance before departure to [1] Host Institution / Host Company. UTP reserves its right to cancel your application for [1] SMP / SIIP.

If **Yes,** please make sure that your health insurance is applicable in the [1] Host Institution / Host Company.

Primary Insurance Company Name

Policy Number

Insurance Company Contact Number

PART F: HEALTH INSURANCE

I certify that all responses made on this form are true, accurate and complete. I will notify the Home Institution, [1] Host Institution / Host Company of any relevant changes that may occur prior to or during my [1] SMP / SIIP. I have included in this form, advised the Home Institution, [1] Host Institution / Host Company of any special needs or assistance that I may have relating to my physical and mental health. I am aware that if I do not provide the true, accurate and complete information, the Home Institution and/or [1] Host Institution / Host Company shall have the right to take any action against me.

I consent to the disclosure of medical information to Home Institution, [1] Host Institution / Host Company or its agents so that they may provide me with needed assistance. I further agree that the Home Institution, [1] Host Institution / Host Company may release information to other persons who may need this information to assist me or others in my [1] SMP / SIIP.

I am fully aware and that I am responsible for my physical and mental health and will cover any medical expenses that may occur during my [1] SMP / SIIP in [1] Host Institution / Host Company.

I certify that this form is signed with my consent and full awareness.

[1] Please delete where appropriate

Student

Signature

Date

Parent / Guardian

Signature

Full Name

NRIC / Passport No

Contact No

Date