

Instituto Tecnológico de Costa Rica
International Affairs Office
Medical Health Form

Personal Data

First Name

Last Name

Blood Type

Age

Birth Date
dd/mm/yyyy

Gender

Female

Male

Home Country
Address

Country

City

Zip Code

Emergency Contact

First Name

Last Name

Relationship to
student

Phone
number

E-mail address

Address

Country

City

Zip code

First Name

Last Name

Relationship to
student

Phone
number

E-mail address

Address

Country

City

Zip Code

Medical History

Select if you have, or you have had any of the following:

High Blood Pressure	Low Blood Pressure
Alcohol problems	Asthma
Blood disease	Colitis
Epilepsy or Seizures	Hemorrhoids
Vesicle problems	Congenital Heart Disorder
Mental illness	Claustrophobia
Back Pain	Anemia
Headache	Hepatitis
Allergies	Diabetes
Paralysis	Hernias
Hemophilia	Psychiatric Care
High Cholesterol	Arthritis
Tuberculosis	Cancer/Tumors
Convulsions	Drugs problems
Breathing problems	Vision Problems
Kidney problems	Typhoid
Osteoporosis	Radiation treatments
Anemia	Others

If you selected any of the above options, please indicate the required treatment, reactions and counter-indications:

Do you take any medication?	Yes
	No

If you answer yes please indicate name and the treatment dose

Health Problems

Have you ever been hospitalized or had a major operation?:

Allergies Problems

Are you allergic to any medication?
 Yes
 No
 Other (specify)

If the answer is yes, please specify:

Are you allergic to mosquitoes bites?
 Yes
 No
 If the answer is yes, please specify:

Have you received anti-allergic treatments ?
 No
 Yes (Specify)

Women section

Are you pregnant?
 Yes
 No
 If the answer is yes, please indicate pregnant month)

Have you had menstrual irregularities?
 Yes
 No

I certify that the information is true, any omission or wrong information will be under my responsibility.

Date
 dd/mm/yyyy

Student full name

Signature and ID

Sending Institution

Exchange coordinator section

I certify that this person is a student of our university and he/she is competent to make an exchange in a foreign university.

Date

Full name

Institutional Coordinator's signature _____ Stamp