**MEDICAL FORM**

**Please complete this form with your family doctor and email it to Sonya Hogan at** **erasmus@iadt.ie** **before arriving to IADT.**

**DUN LAOGHAIRE INSTITUTE OF ART, DESIGN AND TECHNOLOGY**

MEDICAL QUESTIONNAIRE

ANSWERS WILL BE TREATED IN STRICT CONFIDENCE

|  |  |
| --- | --- |
| **Name:** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **Home Address:** |  |
| **Name and Address of Family Doctor:** |  |
| **Medical Card No. (if applicable):** |  |
| **Previous Medical History** |
| **Do you suffer from any physical disability? If so please state its nature.** |  |
| **In particular, do you suffer or have you suffered from any of the following disorders?** | **(a) Diabetics****(b) Epilepsy****(c) Asthma****(d) Tuberculosis****(e) Skin Rash or Disease** |
|  **Are you receiving any long-term treatment with drugs or medicines for chronic illness or psychological upsets? If so, what are they?** |  |
| **Have you any other condition which you think might be troublesome while at IADT?** **(Emotional or psychological upsets are particularly important if they have ever affected study or exams).** |  |
| **Please specify any allergies, or drug sensitivity** |  |
| **Immunisation, date of most recent inoculations** **Diphtheria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Polio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Rubella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Tetanus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****B.C.G. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Other comments on health or medical needs** |  |
| **Medical Certificate Date** |  |
| **I hereby certify that Mr/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good health and fit to****attend programme at IADT, Dun Laoghaire, Co. Dublin, Ireland.** |
| **Signed** |  |