

Medical Record Form

University Health Services

Recent Photo
(within 6 months)

School/College or Department: _____

Student ID# _____ Employee ID# _____

Name _____
(First) (Middle) (Family)

Date of birth _____ Nationality _____ Sex ☐ Male ☐ Female
(month/day/year)

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address _____

Tel: _____

To the examining physician: Your cooperation in completing this health form will enable the University Health Services to offer the patient better medical care during their time at AUS, and will only be used for that purpose. If you need more space to include special instructions and recommendations, please attach a separate paper. Thank you.

1. Have you ever had any MAJOR medical problems including surgeries?

☐ No ☐ Yes Explain _____

Note: If you have a need for mental health services, please send a confidential email to ucs@aus.edu.

2. Please mention any allergies to medications or food _____

3. Do any members of your immediate family (parents, siblings) have or have had any of the following:

Diabetes	Cancer
Hypertension	Allergies
Heart problems	Parents death prior to age 55
Psychiatric problems	Others

4. Are you currently using any medications? If yes, please list.

5. Date of Last Immunizations

DPT	Chicken Pox
MMR	Hepatitis B
Tetanus	BCG
Others (list type and date)	

Employee/Student _____ Date _____

The above information is verified. Signature _____ MD Date _____

Physical Examination

(To be completed by the physician)

Height _____ cm	Weight _____ kg	BP _____	PR _____
Vision: Rt _____ Corr. _____	Hearing: Rt _____		
Lt _____ Corr. _____	Lt _____		

Physical Examination	Normal	Abnormal	Remarks
General appearance			
HEENT			
Respiratory			
Cardiovascular			
Abdomen			
Genitourinary			
Skeletal			
Allergies			
Others			

Laboratory Results

Blood Group _____ Hgb _____ WBC _____
 Urinalysis: Protein _____ Sugar _____ Albumin _____

FOR FIRST TIME ENTRY TO UAE

HIV _____ Tuberculin test: Reactive 0 Non-Reactive 0
 Chest X-ray _____

Signature/ Stamp: _____ Date: _____