

Ulearn International Medical Form

General Information

First Name: _____

Middle Name (Or Initial) _____

Last Name _____

Phone number: _____

Insurance Information

Health care provider: _____

Policy number: _____

Policy holder name: _____

Group number: _____

Doctor Contact Information

Name of physician: _____

Phone number of physician: _____

Name of dentist: _____

Phone number of dentist: _____

Medical History

Please list any medical conditions you feel we should know about, and any associated medications you are currently taking, if applicable.

Please note if any of the following conditions apply to you or have applied to you in the past, and comment briefly on them:

- Diabetes
- Recent physical injury (e.g. broken bone, fractures)
- Concussion
- Anemia
- Eye wear
- Asthma
- Arthritis
- Epilepsy
- Heart problems
- Genetic or autoimmune diseases
- Hearing

Do you have any known allergies? This includes environmental, food, medication, etc. (yes/no)

If so, what are you allergic to?

Are you taking any medications for allergies, and if so, which ones?

Date of last tetanus shot: _____

Blood type: _____

Are there any other significant medical issues that you believe may affect your time in China, or that you feel we should have prior knowledge about? If there are any physical factors that might affect your participation in any of the activities during your time with Ulearn International, please list them here.

Signature: _____

Date: _____