



English Learning Institute Student Medical Form

This form will be used to record student health information and emergency contact information. Please answer the questions truthfully so that we can have accurate information about your health in case any emergency or health situation arises. Students under the age of 18 should have this form filled out by their guardian.

Section 1: To be completed by student

Student Information

Student Name	First:	Middle:	Last:
Birthdate	Month:	Day:	Year:
Phone			
Email			
Nationality			
Permanent Address			

Emergency Contact Information

Name	Phone	Relationship	Email

Health Information

1. Do you currently take any medications?	Yes No	If yes, explain:
2. Do you have any allergies?	Yes No	If yes, explain:
3. Do you regularly experience any pain or discomfort?	Yes No	If yes, please check all that apply. <input type="checkbox"/> Back <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Joints <input type="checkbox"/> Dizziness <input type="checkbox"/> Eye issues <input type="checkbox"/> Stomach pains <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headaches <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Hearing difficulty <input type="checkbox"/> Other: _____
4. Have you been diagnosed with any illness?	Yes No	If yes, please explain:



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5. Have you had a major head injury?	Yes No	If yes, please explain:
6. Have you had any major surgeries?	Yes No	If yes, please explain:
7. Do you have any issues that limit your physical activities?	Yes No	If yes, please explain:
8. Are there any emotional issues that you have dealt with in the past or are currently dealing with that may affect your learning?	Yes No	If yes, please explain:
9. Are you a smoker? 10. Do you consume drugs? 11. Do you wear one of the following?	Yes No Yes No <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	
13. Do you have any additional health issues not mentioned above?	Yes No	If yes, please explain:

Please read the following statement and provide your signature.

I certify that I have provided accurate information regarding my health. I understand that this information will be kept confidential. I am aware that this information will not be shared with anyone unless my written consent is given or unless otherwise permitted by law. During the case of an emergency, if I am unable to sign necessary forms regarding my health history, I give ELI my permission to allow consent from my guardian so that the physicians can have additional background information they may need.

Signature of Student: _____ Date: ____/____/____
Month Day Year

Signature of Guardian: _____ Date: ____/____/____
Only needed if student is under 18 Month Day Year

In addition to this page, please also submit your official immunization records, or have your physician complete the next page.



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Section 2: To be completed by student's physician or the physician's assistant

North Carolina requires that each student pursuing higher education in the U.S has the following immunizations. Please complete this form regarding the student's immunization records.

	Dose #1 Month/Day/Year	Dose #2 Month/Day/Year	Dose #3 Month/Day/Year
Diphtheria, tetanus, and pertussis (3 doses)			
Polio (3 doses) ¹			
Measles (2 doses)			X
Mumps (2 doses)			
Rubella (1 dose)		X	X
Hepatitis B (Hep B) (3 doses) ²			

¹Students who are attending school in the U.S who has already reached their 18th birthday are not required to receive polio vaccine.

²Hepatitis B vaccine is not needed if the student was born before July 1, 1994.

Exemptions

NC law permits the following 2 reasons as valid excuses for students to be exempt from immunizations.

- Medical: A medical reason for exemption would include a health risk. The student's doctor must see the immunization(s) as a risk to the student's health.
- Religious: If the religious beliefs are contrary to the immunization requirements, the student shall be exempt from the requirements.

More information regarding these immunizations can be found on <http://www.immunize.nc.gov/>.

If the student does not wish to receive immunizations for a religious reason, he or she must write a statement explaining why. If the student is under 18 years of age, their parent or guardian should write this statement. If the student should not receive the immunizations due to a health risk, the physician should write a statement explaining in detail the medical situation and the risk that may arise.

Additional Comments: _____

Signature of Physician/Physician's Assistant: _____ Date: ____/____/____
Month Day Year

Printed Name of Physician/Physician's Assistant: _____

Office Information

Office Name	
Address	
Phone Number	