INSA INSTITUT NATIONAL DES SCIENCES APPLIQUÉES LYON

MEDICAL INFORMATION FORM

For the Student Preventive Medicine Department

Please send the double-sided form to: smpe@insa-lyon.fr

(STUDENT No.: I__I__I__I__I__I__I__I__I OFFICE USE ONLY) GENDER: F ☐ M ☐

LAST NAME FIRST NAME

DATE OF BIRTH CITY/TOWN OF BIRTH

**In accordance with the French Data Protection Act (Loi Informatique et Libertés) and the General Data Protection Regulation (GDPR), the Student Preventive Medicine Department collects and retains information regarding your state of health on file. The purpose of this file is to ensure medical follow-up and to guarantee you receive the most appropriate treatment for your state of health.*
The only people who have access to the information in your file are: the doctor, the nurse and the secretary. Within the framework of the regulations and with regard to your personal data, you have the following rights: the right of access and rectification, the right to be forgotten, the right to limit processing, the right to object. With your consent, the doctor may also send information concerning your state of health to other healthcare professionals.

TO BE FILLED IN AND SIGNED BY THE PARENTS OR ADULT STUDENT

AUTHORISATION FOR EMERGENCY TREATMENT OR HOSPITALISATION

I, the undersigned, Last Name First Name

Address

Telephone

acting as an adult student or as the Father, Mother, Guardian(1) of the above-named student,

authorise the Director of the Institut National des Sciences Appliquées de Lyon or representatives thereof to take, on medical opinion – in case of injury or illness of the student throughout his/her schooling – all emergency medical and surgical measures, including possible hospital care.
In case of injury, transportation costs from INSA to the hospital will not be covered by INSA.

Done in on

Signature of the Father, Mother, Guardian or adult student(1) and (2)

Father's name Father's profession Tel.

Mother's name Mother's profession Tel.

Number of brothers Number of sisters

(1) Cross out if inapplicable
(2) It is in your best interest that this authorisation is requested; however, it does not constitute, on the part of INSA, either ethically or legally, a general guarantee of care and assistance

TO BE FILLED IN BY A DOCTOR

VACCINATIONS *(Attach copies)*

☐ Tetanus Latest booster.....

☐ Polio Latest booster .....

☐ Hepatitis B Latest booster.....

☐ BCG Latest tuberculosis test .....Result .....

☐ Measles ☐ Rubella ☐ Mumps

Other vaccinations: .....

TETANUS VACCINE IS MANDATORY TO ATTEND INSA

2021-2022

UNIVERSITÉ DE LYON

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LAST NAME.....FIRST NAME.....

PERSONAL HISTORY *(Cross out if inapplicable)*

- Childhood illnesses: Rubella – Measles – Chickenpox – Mumps – Scarlet Fever
- Others: Diabetes – Epilepsy – Acute Rheumatic Fever – Kidney Stone – Hepatitis – Heart Disease Malaria – Allergies – Nervous Disorder – High Blood Pressure, etc.
- Dyslexia ☐ yes ☐ no
  Date of latest speech assessment (an assessment from within the last 2 years will be requested during the physical)
- Any disability(-ies): .....
  MDPH [Departmental home for people with disabilities] file: yes ☐ no ☐
- Accidents: .....
  .....
  .....
- Recent surgeries .....

STUDENT'S PHYSICAL

HEIGHT ..... **WEIGHT** ..... **BMI** .....

B.P. ..... **H.R. (HEART RATE)** .....

Cardiovascular device: .....

Breathing equipment: .....

Digestive device: .....

Genitourinary equipment: .....

Locomotion device: .....

Hearing aid: .....

Ocular device: .....

Mental health: .....

Current treatment: .....

SPORTS: sports are mandatory at INSA

(This is not a certificate, not valid for athletic associations)

☐ The student does not exhibit any contraindications to the practice of sports.

☐ Adaptations needed

Explanation: .....
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Conclusions

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.....

Date

Name, address and telephone number of the attending doctor
(Stamp and Signature):

2021-2022

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