

## Health Check Card

Name		M / F	STUDENT NO.	
1. Do you get sick easily?			YES / NO	
If so, please give details.				
2. Do you catch a cold easily?			YES / NO	
If so, what kind of symptoms do you have? What medicine do you take/ Are you taking now?				
3. Do you get an upset stomach easily?			YES / NO	
If so, what kind symptoms do you have? What medicine do you usually take/are you taking now?				
4. Do you get anemia easily?			YES / NO	
5. Are you a vegetarian?			YES / NO	
If so, what do you do?				
6. Do you find it hard to sleep in a new environment?			YES / NO	
7. Do you have any allergies?			YES / NO	
Food Allergy	What?		measure?	
Medicine Allergy	What?		measure?	
Other	What?		measure?	
8. Have you ever had a serious illness or are you ill now?			YES / NO	
Name of illness				
Since when				
Present condition				
Medicine you are taking				
Measures you take				
9. Do you ever feel unstable when your environment changes?			OFTEN / SOMETIMES/ RARELY	
If you answered OFTEN or SOMETIMES then please write about how you deal with it.				
10. Are there any other medical conditions or instructions you have received from your doctor?				

Date:

I hereby declare that the statement is true and correct. Signature: \_\_\_\_\_