



Medical Self-Disclosure Form

Basic information (※)

Name in English: _____

Name in Chinese (For Chinese citizen only): _____

Gender: _____ Date of Birth (MM/DD/YYYY) : _____

NetID: _____ Nationality: _____

Chinese ID (身份证) / Passport No.: _____

Phone Number: _____

Emergency Contact: Name _____

Relationship _____

Phone Number _____

Program (For graduate students only): _____

Instructions

This form is required for all student enrolled at Duke Kunshan University (DKU). The information you provide below is designed to help the DKU Health Services to be of maximum assistance should the need arises during your tenure at DKU. Mild physical or psychological disorders are sometimes intensified under the stress of study experience and can become quite serious; moreover, there may be lack of resources in certain special condition to help a student dealing with any physical or psychological difficulties.

Student with known and ongoing medical problems, such as allergies or diabetes must take special precautions in preparing for and managing their health while on campus. You need to anticipate how your new environment and the stresses of study can impact your health. Be sure to talk to your primary medical care provider or consult DKU Health Services beforehand if you have any questions or concerns.

The information/data provided will be treated as “PHI” (Protected Health Information) and will remain confidential within Health Services office. This information does not affect your admission into DKU. Send your completed form to campushealth@dukekunshan.edu.cn

(*) Indicates the question is required.

1. Medical/Physical Conditions (*)

Do you have any general health conditions, including headaches, anemia, bleeding disorder, diabetes, asthma/lung disease, epilepsy/seizures, ulcer/colitis, high blood pressure, back/joint problems or any other chronic medical condition, of which we should be aware and which might affect your ability to engage in study and strenuous physical activity? If so, please explain below.

2. Allergy History (*)

Do you have any allergy? If so, please list below and indicate the reaction.

3. Mental Health Conditions and Treatment (*)

Do you have any mental health conditions, such as depression/anxiety, ADHD, substance abuse (alcohol or drugs), eating disorder (anorexia/bulimia) or other conditions? If so, please explain below and give details of treatment by a psychiatrist, psychologist, clinical social worker, or other medical or mental health professional.

4. Medications (*)

Please list any medications you take regularly, prescription, or non-prescription for either physical and/or mental health problems. Also list any medication you carry for possible use, such as inhalers, bee sting kits, epinephrine, etc. *Note: If you regularly take medication, check the expiration date and bring a spare supply; if studying abroad, you are also responsible for ensuring that all medications are legally permissible in the host country.*

5. Vision and Contact Lenses or Glasses (*)

Do you have vision problem? Do you wear contact lenses or eyeglasses? If yes, indicate right, left, or both and give details. If no, write "Not Applicable".

6. Hearing Aid (*)

Do you wear hearing aid(s)? If yes, indicate right, left, or both. If no, write "Not Applicable".

7. Prosthetic Joints or Devices (*)

Do you have or use prosthetic joints or devices? If yes, please explain below.

PRINT Name: _____

Signature ():** _____

Date: _____

Please **PRINT** your name in the field provided above to acknowledge the following statement.

I hereby verify that all the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information, may result in my dismissal from the program. I agree to notify the Duke Kunshan University Health Services (campushealth@dukekunshan.edu.cn) of any material changes regarding my health that occur prior to the start of the program or during the program.

****e-Signature is acceptable if completing a pdf version of this form.**