Confidential

University Health Service Medical Questionnaire

HERIOT WATT UNIVERSITY

Please answer all questions

Campus (please tick)	Edinburgh ☐	Scottish Borders ☐	
Surname:			
Forenames:			
Date of Birth:		Male ☐	Female ☐
Single ☐	Married ☐	Number of children (if any):	
Nationality:			
Home Address:			Post Code:
Telephone Number:		Mobile Telephone Number:	
Last School or University:			
Last Doctor:			
Post Code:		Telephone Number:	
Undergraduate ☐	Postgraduate ☐	Year of Entry: 20__	
University School & Course:			
Please state term address (if known)			
Home ☐	Hall ☐	Lodgings ☐	Flat ☐
Height: _____ metres		Weight: _____ kilos	
Smoking status:	Never smoked ☐	Ex-smoker ☐	Smoker _____ per day

The form continues on the reverse side

Pre-University Vaccinations)	Approx. Dates
Tetanus Toxoid	
Poliomyelitis	
Mumps/Measles/Rubella	
B.C.G. (tuberculosis)	
Meningitis . A C W Y	
Others (specify):	
Date and result of last cervical (Pap) smear:	Date next smear due:

Do you suffer or have you suffered from any of the following? If any answers are YES would you please give details:

Asthma or other respiratory disorders	yes ☐	no ☐
Diabetes	yes ☐	no ☐
Fits (Epilepsy)	yes ☐	no ☐
Heart problems/heart pacemaker	yes ☐	no ☐
Thyroid problems	yes ☐	no ☐
Have you ever had psychiatric treatment	yes ☐	no ☐
Depressive illness	yes ☐	no ☐
Anaemia	yes ☐	no ☐
Bladder or kidney problems	yes ☐	no ☐
Blindness or eye problems	yes ☐	no ☐
Deafness or ear problems	yes ☐	no ☐
Digestive problems	yes ☐	no ☐
Drug sensitivity/allergy	yes ☐	no ☐
Eczema or other skin problems	yes ☐	no ☐
Hay fever or other allergies	yes ☐	no ☐
Hereditary diseases	yes ☐	no ☐
Migraine	yes ☐	no ☐
Specific learning difficulties eg dyslexia	yes ☐	no ☐
Tuberculosis	yes ☐	no ☐
Any other serious illness (specify)	yes ☐	no ☐
Any operations (specify)	yes ☐	no ☐
Any serious deformity or disability	yes ☐	no ☐

If any of these conditions or their effects still trouble you please give further details.

Are you at present receiving any medical treatment?
no ☐ yes ☐ (please specify)

What is your average weekly alcohol intake? .....units per week

Do you play sport or exercise regularly? yes ☐ no ☐

Have you any other condition which you think might be troublesome to you while at University? (please specify)

You may register with the University Health Service at the time of matriculation, or when you first call at the University Health Centre.