



The University of the West Indies Cave Hill Campus

Student Health Clinic Registration Form

Today's Date (DD-MM-YYYY)

ABOUT YOU

Student ID#:

First Name:

Middle Name(s):

Surname:

Gender:

Male

Female

Date of Birth (DD-MM-YYYY):

Age:

Tel. No.:

Postal address:

Address line 1:

Address line 2:

Parish:

Country:

Email address:

Home Country:

- |   |   |  |
|---|---|--|
| <input type="radio"/> Antigua and Barbuda | <input type="radio"/> Grenada             | <input type="radio"/> St. Vincent and the Grenadines |
| <input type="radio"/> Barbados            | <input type="radio"/> Jamaica             | <input type="radio"/> Trinidad & Tobago              |
| <input type="radio"/> Belize              | <input type="radio"/> St. Kitts and Nevis | <input type="radio"/> Other (please specify)         |
| <input type="radio"/> Dominica            | <input type="radio"/> St. Lucia           |  |

Please specify

Next of Kin:

Name of next of kin:

Tel. No.:

Level of study:

Undergraduate

Graduate taught

Graduate research

When did you FIRST enrol at UWI Cave Hill for this level of study?

Month:

Year:

Faculty:

- |  |  |
|--|--|
| <input type="radio"/> Humanities and Education | <input type="radio"/> Social Sciences                              |
| <input type="radio"/> Law                      | <input type="radio"/> Institute for Gender and Development Studies |
| <input type="radio"/> Medical Sciences         | <input type="radio"/> Other (please specify)                       |
| <input type="radio"/> Science & Technology     |  |

Please specify

## SERVICE AT THE STUDENT HEALTH CLINIC

Please select the appropriate answer.

Have you ever visited the Student Health Clinic?

Yes  No

Would you like to request a doctor's appointment?

Yes  No

If yes, please contact the Student Health Clinic at (246) 417-4170/71

## ALLERGIES AND MEDICAL HISTORY

Are you allergic to penicillin?

Yes  No

Do you have any other known allergies? (If yes, please specify)

Are you up-to-date with your immunizations? (Tetanus, etc.)

Yes  No  Not sure

## CHRONIC ILLNESSES AND DISABILITIES

If you have a chronic illness or a physical or mental disability, please indicate below. You must have documentation from a professional qualified to make a diagnosis in your particular area of illness or disability (e.g. medical doctor, psychologist, psychiatrist or disability specialist), including your present treatment and/or recommendation in the case of a learning disability.

**Information you provide will only be disclosed to those members of faculty or staff who are involved in planning and implementing suitable accommodations. Only information pertinent to providing accessibility will be shared.**

Please indicate whether you have any of these chronic illnesses by selecting the relevant box. Please also provide details of your current medication, if any.

Asthma

Yes  No

Please provide the name of your Asthma medication.

Hypertension

Yes  No

Please provide the name of your Hypertension medication.

Diabetes

Yes  No

Please provide the name of your Diabetes medication.

Do you have any other chronic illnesses?

Yes  No

Please provide the name of the chronic illness and the medication you are taking for it.

Please indicate whether you have any of these physical disabilities. Please also provide details of how they are currently managed.

Visual

Temporary  Permanent  No

Please provide details of how this visual disability was or is managed.

Hearing

Temporary  Permanent  No

Please provide details of how this hearing disability was or is managed.

Other Physical Disability

Temporary  Permanent  No

Please provide details of the nature of this disability and how it was or is managed.

Please indicate whether you have a mental disability and how this disability is or was managed.

Mental Disability

Temporary  Permanent  No

Please provide details of how this disability was or is managed.

Do you have a learning disorder?

Yes  No

Please provide details of the nature of this learning disorder and how it is managed.

*Learning Disorder: this must be well documented with recommendation from your specialist.*

Thank you for registering with the Student Health Clinic.