



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

UNIVERSITY OF LIMERICK MEDICAL QUESTIONNAIRE

Surname_____

Forename(s)_____

Date of Birth_____

Name and Address of Family Doctor

Home Address_____

Status_____

Medical Card No._____

No of children_____

Previous Medical History

1. Do you suffer from any physical disability? If so please state its nature.

2. In particular, do you suffer or have you suffered from any of the following Disorders?

- (a) Diabetics
- (b) Epilepsy
- (c) Asthma
- (d) Tuberculosis
- (e) Skin Rash or Disease

3. Are you receiving any long-term treatment with drugs or medicines for chronic illness or psychological upsets? If so what are they?

4. Have you any other condition that you think might be troublesome while at UL, emotional or psychological. Upsets are particularly important, particularly if they have ever affected study or exams.

5. Please specify any allergies, or drug sensitivity

6 Immunisation: Date of Most Recent Inoculations

Diphtheria _____
Tetanus _____
Polio _____
Rubella _____
Others _____

(Booster, Diphtheria, Tetanus and Polio recommended at 18 years)

7 Have you any other comments to make on your health or medical needs?

Medical Certificate

Date _____

I hereby certify that Mr/Mrs/Ms _____ is in good health and fit to attend the University of Limerick.

Signed _____

Medical Officer