VLADIVOSTOK STATE UNIVERSITY

MEDICAL FORM
(SELF EVALUATION)

Full name:

Home Institution:

Please, provide written information on your medical history by answering the following questions completely and honestly. Thank you.

	YES	NO
Do you have any food intolerances or allergies?	☐	☐
If yes, please explain.		
Do have any diet you should keep to?	☐	☐
If yes, please explain.		
Do you have any serious disease or illness?	☐	☐
If yes, please explain.		
Do you take any prescribed medications?	☐	☐
If yes, please explain.		
Have you ever been hospitalized for a physical or mental illness, or injury?	☐	☐
If yes, please explain.		
Have you suffered from depression?	☐	☐
If yes, please explain.		
Have you ever been addicted to any substance?	☐	☐
If yes, please explain.		

Please, list the medications you are taking now, and for what purpose.

By signing below, I certify that the above information is true to the best of my knowledge.

Signature of the student: Date: