

**FAIRFIELD INSTITUTE OF MANAGEMENT & TECHNOLOGY
RURAL COMMUNITY HEALTH-CARE & DIAGNOSTIC CENTER
CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE**

RZ-A-44, Mahipalpur, New Delhi-110037
Telephone (011) 2671075-81 FAX (011) 26781078

WELCOME TO THE RCHC. We would like to be able to assist you with your health care needs at FIMT . All information will be kept strictly confidential. We ask that you complete this entire form and return within 30 days. THIS MUST BE DONE PRIOR TO REGISTRATION TO AVOID A DELAY IN REGISTERING. Please be sure to SIGN AND DATE the form on the back. Parents' signature is required for all students.

Name _____

Birthdate _____ Student # _____ Sex _____

Student Address _____
Street City State Zip _____

Telephone _____ Blood Group _____

Guardian _____ Relationship _____
Address _____
Street City State Zip _____

Home Telephone () _____ Work Telephone () _____

Family doctor or personal physician _____

Address _____ Telephone () _____

Family History

Please list here in case, if or any close relatives (blood relation) who have had the following illnesses. Yes	No	Relationship
Allergies/Asthma		
Anemia		
Bleeding Tendencies		
Cancer/Tumors		
Diabetes		
High blood pressure		
Heart Disease		
Kidney disease		
Nervous/Mental Disturbances		
Tuberculosis		
Ulcers		
Others (please specify)		

Personal History: CIRCLE any of the following medical problems you have had, or still have.

Measles (Rubella) Rubella (3-day Measles) Mumps Chickenpox Rheumatic fever Tuberculosis Asthma Bronchitis/Pneumonia	Heart problem, murmur High blood pressure High cholesterol Ulcer/Heartburn/Stomach problems Gall bladder problems Kidney stones or diseases Urine infections	Dizziness/Fainting Arthritis/Joint problems Back pain Cancer of _____ Diabetes Sickle cell anemia Hypoglycemia Easy bruising or bleeding Depression/Anxiety Eating disorder	Eye or vision problems Ear infections/Hearing loss Sore throats Sinus infections Persistent cough Asthma Bronchitis/Pneumonia Sexually transmitted diseases AIDS (HIV) Thyroid problem	Sexually transmitted diseases AIDS (HIV) Thyroid problem Allergies/Hay fever Frequent headaches Seizures/Epilepsy
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Other _____

Date of last tetanus injection _____

Please list here any HOSPITALIZATION, OR SURGERIES. If none, write "none". Name of Hospital City & State Date Type of Illness or Operation Outcome

List any medications you are receiving regularly:

List drugs or food that you are allergic or sensitive to: List any handicap that may require special consideration.

READ CAREFULLY BEFORE SIGNING

1. I declare that my answers and statements are correctly recorded, complete and true to the best of my knowledge and belief.
2. In the event that I report to the Rural Community Health-care & Diagnostic Center with a condition requiring medical attention, I do hereby voluntarily consent to treatment by the Health Center staff, as is necessary in their judgment.
3. I authorize the Rural Community Health-care & Diagnostic Center to release any of my private health information, as may be necessary, to any physician, hospital, or other medical facility involved in my treatment.
4. I agree to be responsible for payment for any medical care received at the Rural Community Health-care & Diagnostic Center by me, or my dependent.
5. I agree that the Health Center may do a HIV test on me, if any of its employees sustain a needle stick or other exposure to my blood or body fluids.

Signature of Student
Date

Signature of Parent
Date

***The Applicant must print a copy of this Form, obtain his/her parents/guardian signature's , his/her own signatures and submit the same in the Office while requesting for Accommodation in the Hostel of the Institute.**

VACCINE INFORMATION FROM RURAL COMMUNITY HEALTH-CARE & DIAGNOSTIC CENTER

Most students have received appropriate childhood immunizations, including measles (rubella), mumps, polio, and tetanus. However, there often are questions about vaccines, particularly those that one may not have had, or had heard only limited information about.

The following is some information about vaccines. Contacting your family doctor or the health department for additional information is also suggested. Many vaccines are available at your family doctor's office, Health Department.

Tetanus Vaccine: Tetanus may result from an infected wound or burn. A booster injection should be given at least every ten years, usually given in combination with diphtheria vaccine. Because of the recent increase in occurrence of pertussis (whooping cough), the booster may also contain pertussis vaccine for those who need that booster.

MMR Vaccine: These letters stand for measles (rubella), mumps, and rubella. It is typically given as an initial shot followed later by a booster.

Hepatitis B Vaccine: Hepatitis B is a serious liver disease. Most infants are being vaccinated against this with a series of three shots, but older children and young adults have not been. It is recommended for anyone in the medical or dental field and for others who would like protection against the disease.

Chickenpox Vaccine: Most people get this disease in childhood, but some do not and remain susceptible to it. There are cases of chickenpox every year among students. Those who haven't had the disease may want to discuss this with their doctor. This vaccine is a series of two shots.

Meningococcal Vaccine: (Commonly called "meningitis vaccine") Meningococcus is the name of the bacterium that can cause severe infections, including meningitis. (There are other types of bacteria and viruses that can also cause meningitis). This bacterium has a number of sub-types (or groups) and there are individuals who carry this bacterium in the nose and throat without problems or illness. There is a vaccine to protect against this bacterium. It is now recommended this be given routinely for protection. **WE ADVISE YOU TO RECEIVE THIS VACCINE IF YOU HAVE NOT ALREADY DONE SO.** It is widely available including here at the Health Center.

Gardasil: This is a vaccine to protect against human papilloma virus (HPV) strains that are associated with later development of cervical cancer in females.

If you would like further information about these vaccines or other health related issues, you may call the Health Center and speak to a nurse at (011) 30620600-09(extn.211).