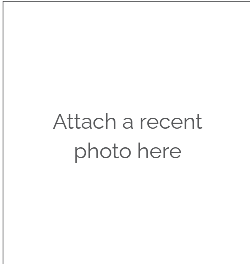
LAU
الجامعة اللبنانية الأميركية
Lebanese American University



ENROLLMENT HEALTH RECORD

Dear Student,

Completing the Enrollment Health Record will permit the healthcare providers, physicians and nurses, at the LAU HEALTH Clinics to offer you better care during your study at the university. Please complete this form by your own physician or your campus HEALTH clinics' physician and submit it to the clinics' staff. To book an appointment, please contact:

Beirut campus:
Tel: + 961 1 78 64 64, Ext. 3007
lauhealthclinic.beirut@lau.edu.lb

Byblos campus:
Tel: + 961 9 54 72 54, Ext. 3004
lauhealthclinic.byblos@lau.edu.lb

The following information is strictly confidential and will not be released to anyone without your consent.

PERSONAL DATA

Student ID #: .... **Major:** .... **Campus:** ☐ Beirut ☐ Byblos

Family name: .... **First name:** .... **Middle name:** ....

Date of birth: .... **Sex:** ☐ Female ☐ Male
Day / Month / Year

Current address: ....

LAU Residence Hall: ☐ Yes ☐ No **Mobile #:** .... **Tel #:** ....

PERSON(S) TO CONTACT IN THE EVENT OF AN EMERGENCY

Name: .... **Relationship:** ....

Address: ....

Home phone #: .... **Office phone #:** .... **Mobile #:** ....

MEDICAL INSURANCE INFORMATION

Insurance company name: ....

MEDICAL INFORMATION

Blood Type: ☐ A ☐ B ☐ AB ☐ O **Rh:** ☐ Pos ☐ Neg

ALLERGIC REACTIONS	**Yes**	**No**	**If yes, please give relevant details**
Medications	☐	☐	....
Pollen	☐	☐	....
Food	☐	☐	....
Insect	☐	☐	....
Other	☐	☐	....

SMOKING	**Yes**	**No**	**If yes, how many**
Cigarettes	☐	☐	....
Vapes	☐	☐	....
Hubble Bubble	☐	☐	....

If yes, at what age did you start smoking? ....

Are you thinking about quitting? ....

HOSPITALIZATION

Have you ever been hospitalized? ☐ Yes ☐ No

If yes, please list year and reason ....

MEDICAL CONDITIONS

Do you have a chronic medical condition that requires treatment or medications? ☐ Yes ☐ No

If yes, please submit a physician's report that includes the following:

Condition being treated: ....

Type of medication: ....

HEALTH HISTORY

Have you ever HAD or do you NOW HAVE any of the following?

☐ Anemia
☐ Anxiety / panic attack
☐ Arrythmia or tachycardia
☐ Asthma
☐ Attention/learning disorder
☐ Bleeding / hemophilia
☐ Bowel problems
☐ Diabetes mellitus
☐ Dysmenorrhea
☐ Eating disorder
☐ Epilepsy or convulsion
☐ Frequent headaches/ Migraine
☐ Gastrointestinal problems
☐ Hearing problem
☐ Hepatitis
☐ Hypertension
☐ Kidney stones
☐ Loss of consciousness
☐ Mediterranean fever
☐ Musculoskeletal disease
☐ Thyroid disease
☐ Tuberculosis
☐ Varicella *(chicken pox)*
Date: ....
☐ Vision/eye problem
☐ Other: ....
....

COVID-19 SCREENING

Have you been tested positive for COVID-19? ☐ Yes ☐ No **If yes, date of the positive PCR test:** ....

Have you received COVID vaccination? ☐ Yes ☐ No

Name of the vaccine: ....

Date dose 1: .... Date dose 2: .... Date dose 3: ....

REQUIRED PROOF OF IMMUNIZATIONS

MMR *(Measles, Mumps, Rubella)*	☐ Yes	☐ No	Date of doses: 1) .... 2) ....
*Tetanus *(booster within last 10 years)*	☐ Yes	☐ No	Date: ....
Polio	☐ Yes	☐ No	Date: ....
Varicella: history of disease	☐ Yes	☐ No	Date: ....
Varicella	☐ Yes	☐ No	Date of doses: 1) .... 2) ....
Hepatitis B	☐ Yes	☐ No	Date of doses: 1) .... 2) .... 3) ....
**Hepatitis A	☐ Yes	☐ No	Date of doses: 1) .... 2) ....
***Meningococcal vaccine	☐ Yes	☐ No	Date of last 2 doses: 1) .... 2) .... ☐ Menactra ☐ Nimenrix ☐ Mencevax
Influenza vaccine	☐ Yes	☐ No	Date: ....
BCG vaccine	☐ Yes	☐ No	Date: ....
PPD test *(within the past 12 months)*	☐ Yes	☐ No	Date: .... Result: ....

** Tetanus vaccine is mandatory to all students in the School of Architecture and Design.*
*** Hepatitis A vaccine is mandatory to all students in Residence Halls.*
**** Meningococcal vaccine is mandatory to all students in Residence Halls unless received after the age of 16.*

PHYSICAL EXAM

Height: .... cm **Weight:** .... kg **BMI:** .... **BP:** .... mm/hg **HR:** ....

Heart auscultation: ....

Lungs: ....

HEENT: ....

PHYSICIAN'S SIGNATURE & STAMP: .... **DATE:** ...... / ...... / ......

STUDENT'S SIGNATURE: .... **DATE:** ...... / ...... / ......