**Confidential health record**

**NAME**: **FIRST NAME**:

**Birth Date** :…../……/……..

**Status** : ☐ STUDENT **Year**: ………………………………..

 ☐Master’s auditor : ☐M1 ☐M2

 ☐ Other …………………………..

**Entry date in ECL** : …………………

**Phone Number**: ………………………….. **Mail** : …………………………..………………….......................................

**Address in Lyon** (if you know it) :……

**Person to call if necessary** :

NAME  FIRST NAME: Phone number

(friend, parent, roommate,….)

Parent 1 :

Address :

Phone Number :

Parent 2 :

Address :

Phone Number :

**MEDICAL BACKGROUND**:

surgical operation: …………………………..…………………………..

Allergy : ………………………….. Allergy to a drug : ………………………………………………..

kidney problem☐

heart problem☐

diabetes ☐

Epilepsy ☐

asthma  ☐

back problem☐

haemophilia  ☐

spahsmophilia ☐

anxiety disorders☐

sleep disorders☐

addictive disorders☐

depression ☐

eating disorder  ☐

**SCHOOL HELP (PAI, PAEH, MDPH)  :** **☐ YES ☐ NO**

Specify it :

**PARTICULAR SITUATION :** disability, dys, psychological disorder **☐ YES ☐ NO**

are you currently following a treatment, which one? ………………………………………………………………………………….

Name, adress, phone number from your doctor : ………………………………………………………………………………………………

**Have you ever had a medical examination by a prevention doctor** in ECL☐ or university ☐

**VACCINATION : give a copy of your vaccination record (all pages necessary)**

It isn’t necessary for the students in Centrale last year and if there has been no new vaccine