



Confidential health record

Le secret médical est garanti par l'article 378 du code pénal

NAME :

FIRST NAME :

Date of birth :...../...../.....

Statut : STUDENT

YEAR:

master's Auditor : M1 M2

Others

Entry date at l'ECL :

Phone number :

Mail :

Address in Lyon (if you know it) :

Personn to notify if necessary :

Name First Name:

Phone number

LIEN (ami, parent, colocataire,...)

Parent 1 :

Parent 2 :

Address:

Address :

Phone number :

Phone number :

Medical antecedents:

Surgical procedures :

Allergy :

Drug Allergy :

Kidney Problem

Back problem

Addictive disorder

Cardiac Problem

Haemophilia

Depression

Diabetes

Spasmophilia

Eating disorder

Epilepsy

Anxiety disorder

Asthma

Sleep disorder

Others :

Do you have any medicine ?

Name and Address of your doctor :

Have you had a medical visit by a prevention doctor in l'ECL University ?
disability :

Which :

Are you declared MDPH

VACCINATIONS : **Staple a copy**