

**MEDICAL INFORMATION FORM**

Top of Form

**NAME and SURNAME:**

All students who attend Sabancı University must provide medical information to the Health Center of Sabancı University. One of the main objectives of this application is to enable the university to provide a safer and healthier environment for students. The following forms are being sent only for information purpose and **you are required to fill out Health Information Form online**. You will also be notified soon about the dates for filling out the forms. The health information will become a part of your medical record and this record is confidential and will not be released to anyone without your permission.

All newly accepted students are required to submit chest x-ray results and blood test results to the responsible person of Medical Department during the University Registration.

IMPORTANT ! Don't forget to have a blood test done (Hemogram, HBsAg, Anti-HBs, Anti-HBc IgG, Anti-HAV IgG, Anti-Measles IgG, Anti-Mumps IgG, Anti-Rubella IgG)   
and get chest x-ray to fill the Medical Information form. You have to give the chest x-ray results and blood test results  
to the responsible person of Medical Department during the registration. (Even if you have graduated from Sabanci University)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REGION INFORMATION: Please select the region you are from.** | | | | | | |
| **Turkey** | | | | | | |
| **Sub-Saharan Africa** | ( Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo (Brazzaville), Congo (Democratic Republic) Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, Sao Tome and Principe, Senegal Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Swaziland, Tanzania, Togo, Uganda, Western Sahara, Zambia, Zimbabwe ) | | | | | |
| **Other Country** | | | | | | |
| **1.MEDICAL INFORMATION OF THE FAMILY** | | | | | | |
| **Put a mark on the previous and current diseases of your families** | | | | | | |
| **DISEASES** | **Mother** | **Father** | **Sibling** | **Uncle/Aunt(Paternal)** | **Uncle/Aunt(Maternal)** |  |
| **Thalassemia Minor** |  |  |  |  |  |  |
| **Sudden Death** |  |  |  |  |  |  |
| **Cerebral Hemoragy** |  |  |  |  |  |  |
| **Hemiplegy** |  |  |  |  |  |  |
| **Genetic Diseases**(explaines) |  |  |  |  |  |  |
|  | | | | | |
| **Goitre(Swelling of the Thyroid)** |  |  |  |  |  |  |
| **Chronic Hepatitis B** |  |  |  |  |  |  |
| **Miyocardial Infarction** |  |  |  |  |  |  |
| **Cancer (type)** |  |  |  |  |  |  |
|  | | | | | |
| **Migraine** |  |  |  |  |  |  |
| **Diabetes Mellitus** |  |  |  |  |  |  |
| **Tuberculosis** |  |  |  |  |  |  |
| **Hypertension** |  |  |  |  |  |  |
| **Others (explaines)** |  |  |  |  |  |  |
|  | | | | | |
| **FAMILY** | **ALIVE** | **DECEASED** | | **REASON OF DECEASE** | | |
| **Mother** |  |  | |  | | |
| **Father** |  |  | |  | | |
| **Siblings** |  |  | |  | | |
| **2.MEDICAL INFORMATION OF THE STUDENT** | | | | | | |
| **Put a mark on the previous and current diseases you have had.*(Define the diagnosis, the date, the treatment type and your current situation.)*** | | | | | | |
| **DISESASES** | **Select** | **Explanation** | | | | |
| **Thalassemia Minor** |  |  | | | | |
| **Allergy (medicine)** |  |  | | **Medicine Name** |  | |
| **Food Allergy** |  |  | | | | |
| **Pollen Allergy** |  |  | | | | |
| **Allergy (others)** |  |  | | | | |
| **Anemy** |  |  | | | | |
| **Asthma Bronchiale** |  |  | | | | |
| **Depression** |  |  | | | | |
| **Acute Rheumatic Arthritis** |  |  | | | | |
| **Epilepsy** |  |  | | | | |
| **Ortopedic Handicap** |  |  | | | | |
| **Eye Problems** |  |  | | | | |
| **Goitre(Swelling of the Thyroid)** |  |  | | | | |
| **Rheumatic Carditis** |  |  | | | | |
| **Heart Diseases(others)** |  |  | | | | |
| **Menengitis** |  |  | | | | |
| **Migraine** |  |  | | | | |
| **Nefritis** |  |  | | | | |
| **Loss of Organ** |  |  | | | | |
| **Diabetes Mellitus** |  |  | | | | |
| **Tuberculosis** |  |  | | | | |
| **Hypertension** |  |  | | | | |
| **Others(explaines)** |  |  | | | | |
| **3.CONTINUOUS MEDICATION** | | | | | | |
|  | | | | | | |
| **4.OPERATIONS** | | | | | | |
| **Appendicitis  Tonsil  Others** | | | | | | |
| **5.STUDENT'S HEALTH INSURANCE (Only for Turkish Students)** | | | | | | |
| **HEALTH INSURANCE** | **No** | **SGK** | | **Private** | | |
|  |  | | **Company Name** | | |
| **6.EXAMINATION TO BE MADE and VACCINES** | | | | | | |
| **6.1. TBc (Tuberculosis) :** | | | | | | |
| **Test Date** | **Result** | | Please write the date of the chest x-ray that you had in a recent year. On the enrollment day, you should give your chest x-ray and its report to the Health Center personel. (Confirmed by Tuberculosis - Fighting Clinic's doctor or Radiology/Chest Diseases expert) | | | |
| **6.2. For Meningococcic Meningitis** | | | | | | |
| **Vaccination Date** | Vaccine name | | | You have to get your vaccine in your country. Indicate the date and name of vaccine; (This vaccine is only mandatory for students who came from Sub-Saharan Africa.) | | |
| **6.3. For Hepatitis A Blood Test: (Required for all of the students)** | | | | | | |
| **Test Date** | **Anti-HAV lgG** | | | | | |
| **Aşı tarihini belirtiniz.  1.Dose Vaccination Date :** | | | If the test result is negative, you have to get first dose of Hepatitis A in your country before you come to Turkey. The second dose of the vaccine is given after six mounths from the first dose. You can get your 2nd dose of vaccine at the Health Center of Sabancı University. | | | |
| **6.4. For Hepatitis B Blood Test: (Required for all of the students)** | | | | | | |
| **Test Date** | **HBsAg** | | **Anti-HBs**      **Unit** | | **Anti-HBc IgG** | |
| **6.5. 6.5. For Measles (Rubeola), Rubella and Mumps Blood Tests : (Required for all of the students)** | | | | | | |
| **Test Date** | **Anti-Measles IgG** | | **Anti-Mumps IgG** | | **Anti-Rubella IgG** | |
| **6.6. HEMOGRAM (complete blood count) - INSPECTION DATE :** | | | | | | |
| **Erytrhrocyte (Red Blood Cell)(RBC)** | mil/uL | | **Hemoglobin (Hb)** | | g/dL | |
| **Hematocrit (Hct)** | % | | **Leukocyte (White Blood Cell)(WBC)** | | bin/uL | |
| **Thrombocyt (Platelet)(Plt)** | bin/uL | | **MCV** | | µ m3 | |
| **7.OTHERS INFORMATION** | | | | | | |
| **Do you smoke?** | **Yes   unit/day   since year** | | | | **No** | |
| **Height** | **cm** | | **Weight** | | **kg** | |

**Sorularınız İçin / For Questions :**

Sağlık Merkezi / Health Center

0 216 483 99 48/46/54/25

[healthcenter@sabanciuniv.edu](mailto:healthcenter@sabanciuniv.edu)

Bottom of Form