

**STUDENT HEALTH AND SUPPORT**

P.O.Box 85084

Lincoln University

Lincoln

Christchurch 7647

Ph. 03 3253835 Fax. 03 3253881



**Lincoln University**

*Te Whare Wānaka o Aoraki*

CHRISTCHURCH • NEW ZEALAND

New Zealand's specialist land-based university

**International Registration Form**

**Student I.D Number** \_\_\_\_\_

**FAMILY NAME** (print) \_\_\_\_\_ **OTHER NAMES** \_\_\_\_\_ **Male/Female**

**DATE OF BIRTH** \_\_\_\_\_ **Preferred Name** \_\_\_\_\_

**CURRENT ADDRESS** (University address if relevant) \_\_\_\_\_

\_\_\_\_\_ **EMAIL** \_\_\_\_\_

**POSTAL ADDRESS** (PO BOX) \_\_\_\_\_

**CONTACT PHONE NUMBER** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**ETHNICITY** \_\_\_\_\_ **NEW ZEALAND RESIDENT** YES/NO

**INSURANCE COMPANY** \_\_\_\_\_

**Important Information for Students**

We are mindful that information we hold at Student Health and Support about your health and support needs is of a private and confidential nature. In regards to the collection, storage, and access to that information, we are bound by the rules of the Health Information Privacy Code, and the Health Act.

It is important for you to be aware that the date when you attended our service, the name of the professional you saw and some statistical screening data is information available to staff at Student Health and Support through our computer system. The details of your consultation or appointment are confidential between you and the professional you met with or consulted. There are some exceptions to this general rule such as when there are concerns for your own or others safety, or when there is a legal duty to provide health information.

When more than one professional at Student Health and Support is involved in your care (e.g. doctor and/or inclusive education and/or psychologist and/or international student advisor), in certain circumstances, information relevant to your care may be shared between those professionals. This ensures we are all working together to provide you with the best possible support and health care.

If you have any concerns about privacy and confidentiality, or would simply like more information about these topics, please talk to one of us or our Manager.

**Please register me (or my child under 16 years who is under my custody) with Student Health & Support.**

**I understand that:**

**Under the privacy laws Student Health and Support is able to exchange information with other health organisations in the interests of my healthcare.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship \_\_\_\_\_

## HEALTH STATUS

Please fill in the following details to the best of your knowledge. This information helps us to provide better care for you.

1. **Current Medication:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **Allergies:** YES/NO

If YES Type of Reaction \_\_\_\_\_

Drug Allergy if Known \_\_\_\_\_

3. **Health History:**

Exercise \_\_\_\_\_ times WEEK

Alcohol YES \_\_\_\_\_ (How many Standard Drinks Per Week)

NO

4. **Immunisations:**

Have you had all childhood vaccinations YES/NO/UNSURE

5. **Smoking:** Smoker  Ex-Smoker  Never Smoked

6. **List significant Medical History past and present. Include illnesses, accidents, injuries, operations and procedures.**

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