Student Health Service, University of Waikato

INTERNATIONAL STUDENT – REGISTRATION

1: Personal Details:

Family Name	First Names	Date of Birth	Gender	Gender diverse	Univ. ID No.
				Gender Assigned At Birth: M / F	
				Preferred Gender you Identify as:	

2. Address and Contact Details in NZ:

Street Address			
Suburb			
City/ Town		Post Code	
E-mail		Phone (Mobile/Home)	

4. Ethnicity:

Which ethnic group do you belong to? Please circle your main ethnic group below.

11 NZ European	**33 Tongan**	**41 South East Asian**	**51 Middle Eastern**	**98 Declined**
21 NZ Maori (state iwi) _____	**34 Niuean**	**42 Chinese**	**52 Latin American**	**99 Not Stated**
	35 Tokelauan	**43 Indian**	**53 African**	
31 Samoan	**36 Fijian**	**44 Other Asian**	**12 Other European**	
32 Cook Island Maori	**37 Other Pacific**	**54 Other (please state)** _____		

4. Name of Insurance Provider: _____

5. Medical Information:

a) FAMILY HISTORY : Has any close relative had any of the following diseases? *(circle)*

Asthma	Cancer	High Cholesterol	Mental Illness
Migraine	Diabetes	Heart Disease	
Epilepsy	High Blood Pressure	Other *(please enter)* :_____	

b) PERSONAL HISTORY: Have <u>you</u> ever had any of the following diseases? *(circle*)

Asthma	Diabetes	Mental Illness	Heart Attack
Eczema	Epilepsy	Stomach Ulcer	Cancer
Hay fever	Rheumatic Fever	High Blood pressure	Abnormal cervical smear *(women only)*
Migraine	Tuberculosis	High Cholesterol	Other disease *(enter*

next page

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c) OTHER MAJOR ILLNESSES *(please give details)* **:** _____

_____

d) SIGNIFICANT INJURIES *(please give details)* **:** _____

_____

e) SURGICAL OPERATIONS *(please give details)* **:** _____

f) SMOKING HISTORY: Please tick the statement that applies to you

I have never smoked	
In the past I have smoked regularly but I have stopped now	
I am currently a smoker	

g) ALLERGIES: Do you have any allergies to medicines? *(circle)* YES NO

Please specify which medicines **:** _____

NURSES USE ONLY

MEASUREMENTS : **Weight** _____kg

Height _____cm

Blood Pressure _____/_____