

NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

Male Female Trans FTM Trans MTF Other _____

INSTRUCTIONS

All Cooper Union students must complete this medical history. This is a registration **REQUIREMENT** solely for an evaluation of your health. The Cooper Union will consider the information confidential. Please print clearly and legibly. When you have completed the form, seal it in the accompanying envelope and mail it immediately.

PERSONAL INFORMATION

Home Address	City	State	Zip
Address while at Cooper	City	State	Zip
Local Telephone	E-mail		
Emergency Contact	Relationship		
Home Address	City	State	Zip
Local Telephone	E-mail		

PERSONAL MEDICAL HISTORY

Please give us a self-assessment based on your previous health as well as your present physical condition.

1. Which of the following illnesses have you had?

Diphtheria Measles German Measles Scarlet Fever Mumps Chicken Pox Whooping Cough

2. During the past 2 years have you had close contact with anyone having Tuberculosis? Yes No

3. Have you ever received any psychological or psychiatric treatment? Yes No

Depression Anxiety Bi-Polar Disorder Schizophrenia Suicide Attempts Other _____

4. Do you have an eating disorder? Yes No

Please check each item where appropriate. Kindly give details, including dates, when possible. Attach a separate sheet if necessary.

- | | | |
|---|--|--|
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Fainting, Convulsions, Migraine |
| <input type="checkbox"/> High Or Low Blood Pressure | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Any Operations | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Blood In Urine Or Stool |
| <input type="checkbox"/> Drink Alcohol, Beer, Wine | <input type="checkbox"/> Thyroid Or Other Gland Trouble | <input type="checkbox"/> Smoke (Cigarettes, Cigars, Marijuana) |
| <input type="checkbox"/> Allergy (Meds, Food, Pollen. Etc.) | <input type="checkbox"/> Digestive Disease (Ulcers, Colitis) | <input type="checkbox"/> Eye Trouble |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Neuro-muscular Disease |
| <input type="checkbox"/> Infectious Mono | (Asthma, Tuberculosis, Pneumonia) | <input type="checkbox"/> Difficulty Hearing |

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MAIL FORM TO:

HAVE QUESTIONS?

OFFICE OF
STUDENT AFFAIRS

29 THIRD AVENUE
NEW YORK, NY 10003

212.353.4130
212.353.4044 FAX

COOPER.EDU

(CONTINUED FROM PAGE 1)

7. What medications are you currently taking?

8. Is there any reason why you should not participate in all usual college activities? Yes No
If yes please explain

I understand that The Cooper Union is a small specialized elite institution focusing on Art, Architecture, and Engineering. Located in New York City, The Cooper Union does not have any on-campus health center nor does The Cooper Union provide access to on-going mental health services. I further understand that The Cooper Union assists students in locating local resources for their physical and mental health care, but students are required to function independently and must be able to manage their mental and physical healthcare related issues. I agree to follow the health and safety procedures and rules established by The Cooper Union and release The Cooper Union from any responsibility for my negligence.

Signature (ALL STUDENTS MUST SIGN)

Date

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