

NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

Male Female Trans Non-Binary 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 _____

*your local address (while at Cooper) should be updated if it changes before or during your time at Cooper

PERSONAL MEDICAL HISTORY

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

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5. As a Cooper Student, you are required to have health insurance. Who is your health insurance provider and does your insurance work in New York state? If you are unsure, it is best to talk with your insurance provider before arriving to better understand your policy. Cooper Union does offer students health insurance through Wellfleet. More information about Wellfleet, as well as cost for a policy, can be found by visiting www.wellfleetstudent.com.

6. Do you have a Primary Care Provider? If so, please list their office info (name, address, phone, etc.).

7. Do you have a therapist or psychiatrist? If so, please list their office info (name, address, phone, etc.).

8. What medications are you currently taking?

9. 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

Parent's Signature (IF THE STUDENT IS UNDER THE AGE OF 18)

Date