NAME OF STUDENT (PRINT OR TYPE)   DATE OF BIRTH

☐ Male ☐ Female ☐ Trans ☐ Non-Binary ☐ Other _____ Pronouns: _____

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 all health forms, please follow the instructions on the website for uploading your health forms to the portal.

PERSONAL INFORMATION

Home Address	City	State	Zip
Address while at Cooper	City	State	Zip
Personal Phone Number	E-mail		
Emergency Contact Name	Relationship		
Home Address	City	State	Zip
Emergency Contact Phone Number	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.

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

(Continued on next page)

OFFICE OF STUDENT AFFAIRS All forms should be uploaded through the applicant portal. Should you have any questions, please reach out directly to the Office of Student Affairs via email, **healthforms@cooper.edu**.

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(CONTINUED FROM PAGE 1)

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.cooper.edu/studenthealthinsurance.**

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**

**OFFICE OF
STUDENT AFFAIRS**

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