



## MEDICAL INFORMATION FORM

The Emirates Academy of Hospitality Management recognises and supports students with particular learning requirements such as dyslexia, numeracy issue, etc. Disclosing a medical condition will not affect your admission to The Emirates Academy of Hospitality Management.

**HISTORY:** Have you ever suffered or are you currently suffering from the following conditions?

|  | YES | NO |   | YES | NO |
|--|-----|----|---|-----|----|
| Anemia   |     |    | Kidney problems                                 |     |    |
| Asthma   |     |    | Malaria   |     |    |
| Bilharzia                                      |     |    | Measles   |     |    |
| Chicken Pox                                    |     |    | Migraine headaches                              |     |    |
| Cholera  |     |    | Mumps   |     |    |
| Chronic or recurrent gastrointestinal problems |     |    | Pain or pressure in the chest                   |     |    |
| Chronic skin problems                          |     |    | Pneumonia                                       |     |    |
| Diabetes mellitus                              |     |    | Significant allergic reaction                   |     |    |
| Endocrine disorder(s)                          |     |    | Syphilis  |     |    |
| Epilepsy                                       |     |    | Tuberculosis or contact with tuberculosis       |     |    |
| Fainting spells                                |     |    | Typhoid   |     |    |
| German Measles                                 |     |    | Yellow Fever                                    |     |    |
| Heart problems                                 |     |    | Anxiety reactions                               |     |    |
| Hepatitis                                      |     |    | Allergies to medication                         |     |    |
| Hernia   |     |    | Operation(s)                                    |     |    |
| High blood pressure                            |     |    | Serious accident(s)                             |     |    |
| Infectious mononucleosis                       |     |    | Are you currently taking any medications (list) |     |    |
| Irregular or rapid heart beat                  |     |    |   |     |    |

Please provide details on those items checked "Yes". Use the back of this sheet if required.

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### CURRENT MEDICAL CONDITION

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you been in good health in the past twelve months?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you have any dietary restrictions or food allergies?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have any significant chronic conditions requiring on-going medical treatment? (E.g. diabetes, heart problem, seizure disorder, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you aware of any other medical and psychological conditions that may affect your study?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered yes to questions 3 and 4, a separate physician's report attesting your capability in participating in the programme you are applying for at the Academy is required.

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Name Signature Date