HEALTH INFORMATION FORM

FPOP-C970-02-09

NAME-SURNAME:

All students accepted to Sabancı University must submit their health information to the Sabancı University Health Center. One of the main purposes of this application is to provide a safer and healthier university environment for students. The form below has been sent for informational purposes. **You must fill out this form online.** The dates for filling out the form will be notified to you later in the Registration Package. This information will be a part of your health information and will be kept confidential and will not be shared with third parties without your permission.

IMPORTANT! To fill out the Student Health Information Form online, do not forget to have the blood tests (Hemogram, HBsAg, Anti-HBs, Anti-HBc IgG, Anti-HAV IgG, Anti-Measles IgG, Anti-Mumps IgG, Anti-Rubella IgG) done beforehand and have your chest X-ray taken.

You must send your lung X-ray image and report and your blood test results to sbf@sabanciuniv.edu. (Including students who graduated from Sabancı University and continue their education)

Region: Please select the region you come from.	
Turkey ( )	
Sub-Saharan Countries ( )	(Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo (Brazzaville), Congo (Democratic Republic) Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, Sao Tome and Principe, Senegal Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Swaziland, Tanzania, Togo, Uganda, Western Sahara, Zambia, Zimbabwe)
Other countries ( )	Your country's name:.....

1. HEALTH INFORMATION ABOUT YOUR FAMILY

Please fill in the following information about any current or previous diseases in your family.

DISEASE NAME	Mother	Father	Siblings	Uncle/Aunt (paternal)	Uncle/Aunt (maternal)
Mediterranean Anemia Carrier	☐	☐	☐	☐	☐
Sudden death	☐	☐	☐	☐	☐
Brain hemorrhage	☐	☐	☐	☐	☐
Paralysis	☐	☐	☐	☐	☐
Genetic Disease Specify-->	☐	☐	☐	☐	☐

Goiter (Thyroid Gland Disease)	☐	☐	☐	☐	☐	☐
Hepatitis B carrier	☐	☐	☐	☐	☐	☐
Heart Attack or Disease	☐	☐	☐	☐	☐	☐
Cancer Specify-->	☐	☐	☐	☐	☐	☐
Migraine	☐	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐	☐
Other Other-->	☐	☐	☐	☐	☐	☐

FAMILY MEMBERS	ALIVE	DEAD	REASON FOR DEATH
Mother	○	○	
Father	○	○	
No. of siblings			

2.HEALTH INFORMATION ABOUT THE STUDENT

Select your current or previous diseases from the following.
(As a description, please specify the diagnosis, time, treatment applied and your current condition.)

Disease Name	Select	Description		
Mediterranean Anemia Carrier	☐			
Allergy (drug)	☐		Drug name	
Allergy (food)	☐			
Allergy (pollen)	☐			
Allergy (other)	☐			
Anemia	☐			
Asthma	☐			
Depression	☐			
Joint Rheumatism	☐			
Epilepsy (Epileptic Disease)	☐			
Physical Disability	☐			
Defect of vision	☐			
Goiter (Thyroid Gland Disease)	☐			
Heart Rheumatism	☐			
Heart Disease (other)	☐			

Meningitis	☐	
Migraine	☐	
Nephritis (Kidney Inflammation)	☐	
Organ Loss	☐	
Diabetes	☐	
Tuberculosis (TB)	☐	
Hypertension	☐	
Other (please explain)	☐	

3. MEDICATIONS YOU USE CONTINUOUSLY

4. SURGERY YOU HAVE HAD

☐ **Appendicectomy** ☐ **Tonsillectomy** ☐ **Other**

5. STUDENT'S HEALTH INSURANCE (Only for students who are Turkish citizens)

	None	**SSI**	**Private Insurance**
HEALTH INSURANCE	○	○	☐ Insurer name

6. EXAMINATIONS AND VACCINES TO BE DONE

6.1. Tbc (Tuberculosis): (It is mandatory for all students to have it done)

Chest X-ray Date	**Result** **Normal( ) Not normal( )**	Write the date of the chext x-ray that had in the last 1 (one) year. On the day of registration, you must submit your chest x-ray image and report (approved by the Tuberculosis Control Dispensary physician or Radiology/Pulmonary Diseases specialist) to the Health Center staff.

6.2. Meningococcal Meningitis Vaccine: Mandatory for students from Sub-Saharan countries.

Vaccination date	**Vaccine name**	You must get your meningitis vaccine in your home country. Write the date and name of the vaccination; (This vaccine is mandatory only for those coming from sub-Saharan countries)

6.3. Hepatitis A Blood Test: (All students are required to have it)

Test date	**Anti-HAV IgG**	
Specify vaccination dates. **1st dose date:**		If your test result is negative, it is mandatory to get your first dose of Hepatitis A vaccine in your home country before coming to Turkey. You can also get your second dose of vaccine at Sabancı University Health Center 6 months after the first dose.

6.4. Hepatitis B Blood Test: (All students are required to have it)

Test Date	**HBsAg**	**Anti-HBs** Unit	**Anti-HBc IgG**

6.5. Measles, Mumps, Rubella Blood Tests: (All students are required to have them)

Test Date	Anti-Measles IgG	Anti-Mumps IgG	Anti-Rubella IgG

6.6. HEMOGRAM (full blood count) – Analysis date: / /202. (dd/mm/yyyy)			
Erythrocyte Count (RBC)	mil/uL	**Hemoglobin (Hb)**	g/dL
Hematocrit (Hct)	%	**Leukocyte Count (WBC)**	ths/uL
Platelet Count (Plt)	ths/uL	**MCV**	µ m3

7.OTHER INFORMATION			
Do you smoke?	**Yes** **cigarettes/day** **for** years		**No**
Height	**cm**	**Weight**	**kg**

*** Enter decimal numbers with dots (.).**

For Questions:

- Health Center
- 0 216 483 99 48/54/25
- healthcenter@sabanciuniv.edu

Please visit the following link for more information:

https://www.sabanciuniv.edu/tr/saglik-ile-ilgili-yapilacaklar