

MEDICAL INFORMATION FORM

FOR THE STUDENT PREVENTIVE MEDICINE DEPARTMENT

PLEASE SEND THE DOUBLE-SIDED FORM TO: centresanteinsa@insa-lyon.fr

(or in a sealed envelope by mail to the INSA Health Center - 8, allée du Rhône 69100 Villeurbanne))

(N° ETUDIANT : | | | | | | | | | | USE OFFICE ONLY)

YEAR OF STUDY:

LAST NAME

FIRST NAME

DATE OF BIRTH

CITY/TOWN OF BIRTH:

« INSA Lyon, represented by its director, Frédéric Fotiadu, is responsible for processing your personal data in compliance with the General Data Protection Regulation (EU) 2016/679 of 27 April 2016 and the Data Protection Act of 6 January 1978 as amended to provide medical information about you.

For any further information about the processing or your rights, please connect to our website www.insa-lyon.fr and report to personal data (données personnelles) heading. If you have any queries about your personal data or if you ask for the exercise of your rights, (right to access, to request rectification of your personal data and, in accordance with data protection law, the portability, the restriction or the object of processing, and the erasure of your personal data), please contact our data Protection Officer : dpo@insa-lyon.fr ».

For more in depth information on the processing of your personal data, please refer to our website or visit the following link :

<https://www.insa-lyon.fr/fr/donnees-eleves>

TO BE FILLED IN AND SIGNED BY THE PARENTS OR ADULT STUDENT

AUTORISATION FOR EMERGENCY TREATMENT OR HOSPITALISATION

I, the undersigned,

Last name

First name

Address

Telephone

Acting as an adult student or Parent, Guardian (1) of the student named above,

authorizes the Director of the National Institute of Applied Sciences of Lyon or his representatives to take, on medical advice - in the event of an accident or illness of the student, and throughout his or her studies - all emergency medical and surgical measures, including possible hospitalization.

In the event of an accident, transportation costs from INSA to the hospital will not be covered by INSA.

Done in

on

Signature of the Father, Mother, Guardian or adult student (1)

Name of parent 1

Tel

Name of parent 2

Tel

(1) It is in your best interest that this authorisation is requested; however, it does not constitute, on the part of INSA, either ethically or legally, a general guarantee of care and assistance

TO BE FILLED IN BY DOCTOR

VACCINATIONS (Attach copies)

Diphtheria / Lastest booster

Tetanus / Lastest booster

Polio/ Lastest booster :

Hepatitis B

N°1

N°2

N°3

Measles/ Lastest booster

Mumps/Lastest booster

Rubella/Lastest booster :

Meningitis ACWY - date of vaccination

TETANUS AND MEASLES VACCINES ARE MANDATORY FORENTRY TO INSA

MEDICAL INFORMATION FORM

FOR THE STUDENT PREVENTIVE MEDICINE DEPARTMENT

PLEASE SEND THE DOUBLE-SIDED FORM TO: centresanteinsa@insa-lyon.fr

(or in a sealed envelope by mail to the INSA Health Center - 8, allée du Rhône 69100 Villeurbanne))

TO BE FILLED IN BY DOCTOR

LAST NAME

FIRST NAME

PERSONAL HISTORY

- Medical History
- Surgical History
- Psychiatric History / Mental Health
- Neuroatypia / Autism Spectrum Disorder/ Learning Disability
- Allergies
- Current Treatment
- Possible Disability(S)

MDPH

(Departmental home for people
with disabilities) :

Yes

No

STUDENT'S PHYSICAL

HEIGHT

WEIGHT

BMI

B.P.

H.R (HEART RATE)

SPORT : SPORTS ARE MANDATORY AT INSA

(This is not a certificate, not valid for athletic associations)

The student does not exhibit any contraindications to the practice of sports

Adaptations needed (cf [Request for sport adjustments](#) to be completed by your doctor)

Explanation :

Conclusions

Date

Name, address and telephone of the attending doctor
(Stamp and Signature) :