

Health History Form

Please take a moment to answer a few Questions about your health. It is important that we know of any medical condition or disability which may require special arrangements prior to your arrival at the University of Nicosia, as a student. The information you submit will be maintained by the University Administration in **the strictest confidence** and will provide the basic data essential to your case.

Personal Information:

Name: Surname:

Programme of Study:.....

Gender:

Date of Birth: Place of Birth:

Home Address:.....

Telephone Number:.....

Contact details of a relative (in case of emergency):.....

Relation: Telephone Number:

Medical Conditions (in case you give a positive answer please describe)

A. Visual Disability: Yes ☐ No ☐

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B. Hearing Disability: Yes ☐ No ☐

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C. Physical and/or Mobility Disability: Yes ☐ No ☐

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D. Severe Medical Health Condition: Yes ☐ No ☐

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E. Mental/Psychological/Emotional Disorder: Yes ☐ No ☐

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F. Learning Difficulties (i.e. dyslexia, ADHD or other): Yes ☐ No ☐

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G. Other: Yes ☐ No ☐

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H. In case you have responded positively in any of the medical conditions listed above, please specify the special arrangements you require to be provided by the University Of Nicosia.

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I. In case you have responded positively in any of the medical conditions listed above, please provide all necessary medical documents.

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Personal Data Disclaimer

All data collected in this document are confidential and will be kept secured in accordance with the Regulation (EU) 2016/679 of the European Parliament and of the Council and with the Republic of Cyprus Law 125(I)/2018 for the protection of natural persons with regard to the processing of personal data and for the free movement of such data. University of Nicosia declares its respect to the confidentiality of all personal data and aims at protecting them by making them non-accessible to third parties. The personal Data collected are to be used only in case of an emergency to the benefits of the student.

Signature:.....^{Des}.....Date: