



Student Health Information Sheet

Visiting students are to submit this form prior to their arrival. This information will help us to ensure that students are provided with appropriate help and medical assistance should the need arise. Through submitting this document we can also assess whether students are in need of special arrangements that are to be requested and secured prior to arrival. Students are assured that all submitted information is regarded as confidential and the information that is provided will not affect the process of acceptance or registration at the University of Malta.

Surname _____ First Name _____

Home Address in full _____

Home University _____

Date of Birth ____/____/____ Tel. No. _____

Passport No _____

- Do you have any medical conditions?

YES NO

If yes, please specify _____

- Are you taking any medications or other specialised treatment?

YES NO

If yes, please specify _____

- Do you have any allergies?

YES NO

If yes, please specify _____

- Do you have any disability/impairments that the University of Malta should be aware of?

YES NO

If yes, please specify:

- Do you have any specific requirements due to the nature and/or severity of your condition(s)?

YES

NO

If yes, kindly attach recent documentation together with a covering letter explaining your requirements. For further information kindly visit this link:

<https://www.um.edu.mt/access>

Students are required to obtain a Travel and Health Insurance covering: personal belongings, health services (for EU Students: health services not covered by the EHIC), evacuation and repatriation.

Students who will be registering for studies or placements at the Faculty of Health Sciences or the Faculty of Medicine and Surgery including the Department of Pharmacy are required to submit the requested documents accessible

<https://www.um.edu.mt/international/erasmusplus/incoming>.

Signature of candidate

Date
