

HEALTH SERVICES



The personal data, including those considered as sensitive by national regulations in force in the Mexican Republic, that you are providing through this document will be processed by Fundación Universidad de las Américas, Puebla (Ex Hacienda Santa Catarina Mártir S/N, San Andrés Cholula, Puebla, C.P. 72810) in a lawful manner to materialize your application to the international program in accordance with articles 6,8, 16 and 17 of the Federal Law of Protection of Personal Information held by Private Parties. Consequently, you recognize that you have read and consent the content of the Private Notice of UDLAP (www.udlap.mx/privacidad/).

First Name _____ Middle Name _____ Last Name _____

Date of birth: _____ (day) _____ (month) _____ (year) Gender: () Male () Female

Height _____ Weight _____ Eye color _____ Hair color _____ Blood type _____

1. I.C.E

Health insurance carrier policy number: _____

Please provide contact details of a person we can notify in case of any emergency and who can support you financially for any upfront hospital deposit payments that might be required. This may be up to 10,000 MXN)

Name: _____ Relationship to you: _____

Telephone number: _____ (country code) _____ (city code) _____ (phone number)

E-mail: _____

Name of personal physician: _____

Telephone number: _____ (country code) _____ (city code) _____ (phone number)

2. Clinical Record

Allergies:

Penicillin () Yes () No Sulfa () Yes () No

Other drugs () Yes () No Salicylic acid () Yes () No

Specify: _____

3. Has your physical activity been restricted within the past five years? Give reasons and length of the restriction. _____

4. Are you currently taking any medication? If yes, explain reason and prescribed amount: _____

5. Do you suffer from any emotional or physical medical condition? This information will help us treat you accordingly in case of emergency. _____

6. Please indicate whether you have any physical disability or other needs which may require special arrangements or facilities at the University (complete on separate sheet if necessary): _____

Disclaimer:

If any information provided by the student is discovered to be untrue or misleading in any respect, UDLAP has the right to disclose it to other Universities in México, and to any other relevant authorities.

Submitted documents supporting this application become property of UDLAP and will not be returned to the student.

UDLAP may change or cancel any approval made if the information the student has given is incorrect or incomplete.

Once enrolled at UDLAP, the student must use the UDLAP's institutional email account to communicate and receive information with/from the International Affairs Office. There are no exceptions to this.

I hereby declare that I have read and understood all the terms of enrollment, and agree with the information I have been provided with by the International Affairs Office at UDLAP.

Student's signature

Date

Health Care provider's signature

Date