

UNIVERSITY OF PUERTO RICO
RIO PIEDRAS CAMPUS
OFFICE OF THE DEAN OF STUDENTS
MEDICAL SERVICES DEPARTMENT

MEDICAL FORM

- ☐ Readmission
- ☐ Admission
 - ☐ High School Student
 - ☐ Transfer from another university
- ☐ Transfer (UPR campus)
- ☐ International Student

Academic Session
Fall _____
Spring _____
Summer _____

Deadline for submitting form
On or before March 15
On or before October 15
On or before March 15

Have you been evaluated in this department before? () Yes () No Year _____

In accordance with (IAW) Puerto Rico's Law #25 from September 25, 1983, each and every student under age 21 y/o to be admitted and registered at any educational institution within PR, at any academic level, must abide by the Immunization Requirements published and updated on a yearly basis by the Immunization Division of the Department of Health. These updates are usually published by the month of June and are effective for the academic year to start in August, until the next revision. Compliance is mandated by presenting **Form PVAC-3** duly filled and certified by a Physician in legal practice printed in the reglamentary **mint-green stock paper**; it cannot be printed in any other paper color.

Website may be accessed at <http://www.salud.gov.pr/Dept-de-Salud/Pages/Unidades-Operacionales/Secretaria-Auxiliar-de-Salud-Familiar-y-Servicios-Integrados/Division-de-Inmunizacion-Vacunacion.aspx> .

Any immunization registry must be presented on the aforementioned Form PVAC-3 IAW the update for the academic year to start in August, 2016-2017 at this time. It must be filed at Department of Medical Services (DSM) in original; if a copy is to be retained the student must get it before filing the document.

Those students having gone thru the clinical phase of any infectious disease for which an immunization is required, will present evidence thereof as PR LAW 25, September 1983

<http://www.salud.gov.pr/Dept-de-Salud/Pages/Unidades-Operacionales/Secretaria-Auxiliar-de-Salud-Familiar-y-Servicios-Integrados/Division-de-Inmunizacion-Vacunacion.aspx#requisitos>

By no means will the DSM accept and receive incomplete documentation. The student must be certain each and every required document is available and duly completed and signed before arriving to the DSM.

Documents shall be filed in person. Failure to do so will prevent the student from becoming able to register at the Rio Piedras Campus. Please, be sure you are handed a **receipt** and keep it safe throughout your academic life.

Athlete students must provide Chest X-Rays in addition to Skin PPD test interpreted in millimeters. both tests.

Transfer students, shall present an Original or Certified Form PVAC-3 from their home institution in order to receive medical attention.

Legal Age in Puerto Rico is 21 years old for any process demanding adulthood. Place of birth's law is not applicable. Marriage or emancipation must be documented by appropriate legal documentation.

NOTE: EACH AND EVERY REGISTERED STUDENT MUST HAVE BASIC MEDICAL COVERAGE WHILE ACTIVE AS A STUDENT. If unable to provide evidence at the time of registration, the student will be automatically enrolled on the University's Coverage and billed accordingly. Any insurance coverage based outside of Puerto Rico must present Good Standing status in PR and assure is has providers available in the Island. Coverage thru Reimbursement is NOT acceptable.: DENTAL COVERAGE IS OPTIONAL, be sure your are not a Class III or IV Dental Patient and have a check-up prior to travelling. Be sure to REQUEST Optional Dental Coverage at time of Registration.

Every candidate for registration at the University of Puerto Rico, Río Piedras Campus, is required to submit a **Medical Form** with parts A and B properly completed. Fill out Part A before you see your doctor. Your doctor should fill out part B, using as references the required laboratory tests and examinations, including a Certificate of Vaccination, as established by Law 25 of the Commonwealth of Puerto Rico. **Your registration will not be processed if you fail to comply with these requirements. No time extensions will be granted.**

**PLEASE RETURN THIS DOCUMENT IN PERSON TO THE DEPARTMENT OF MEDICAL SERVICES AT THE
UNIVERSITY OF PUERTO RICO, RÍO PIEDRAS CAMPUS.
INSTITUTIONAL REGULATION REQUIRE THAT ALL STUDENTS MUST BE INSURED**

PART A - To be completed by the student

Name _____ Student number _____

Marital Status: ____ Single ____ Married ____ Divorced ____ Widowed ____

Sex ____ Age ____ Date of Birth _____ Birth Place _____
Day-Month-Year

Father's Name _____ Mother's Name _____

Mailing Address: _____ Telephone () _____

Permanent Address: _____ Telephone () _____

E-mail: _____@UPR.EDU

In case of emergency please contact _____ Relationship _____ Tel. () _____

Second option in case of emergency _____ Relationship _____ Tel. () _____

Emancipated: No ☐ Yes ☐ **Evidence must be provided (Original or Copy)**

Part A - Continue

Indicate any current or past history of any of the following;

<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	Sinus	<input type="checkbox"/>	Heart Diseases	<input type="checkbox"/>	Chronical Intestinal Problems
<input type="checkbox"/>	Measles	<input type="checkbox"/>	Frequent Throat Infection	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	Common Measles	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	Renal Diseases
<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	Bronchial Asthma	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	Emotional Disorders
<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Thyroid Disorder	<input type="checkbox"/>	Psychiatric Diseases
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Skin Disorders	<input type="checkbox"/>	Severe Traumatism
<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Orthopedic Disorders
<input type="checkbox"/>	Frequent Flu	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>	Speech Disorders
<input type="checkbox"/>	Otitis Media	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>	Malignancy
<input type="checkbox"/>	Auditory Secondary Defect	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>	Surgery

Hospitalizations and illnesses during last year _____

Drugs or food allergies _____

Actual medical treatment if any _____

Indicate any other health problems _____

Date Student signature Date Parents or legal guardian signature *

Part B – Physical Exam ((To be filled by doctor)

Sex ____ Age ____ Weight ____ Height ____ Blood Pressure ____ Pulse ____ Vision: Right Eye ____ Left Eye ____ Hearing ____

Check the column. Write N.E. if not evaluated

Clinical Evaluation by System	Normal		Observations
	Yes	No	
Skin			
Ear, Nose and Throat			
Cardiovascular			
Respiratory			
Gastrointestinal			
Urogenital			
Muscular-skeletal			
Neurological			

Laboratory Results			
Serology		Date Realized	Results
Tb test, if positive Chest X/Ray	Date Adm.	Reading Date	Reading ____mm
Chest X/Ray	Date	Result	

SUMMARY OF DISCOVERIES FROM CASE HISTORY, PHYSICAL EXAMINATION AND REQUIRED LABORATORY TESTS

Questions	Yes	No	Explain affirmative answers
Does the student has a significant health problem or disability?			
Is the student receiving treatment for any physical or mental condition?			
Is there a counter-indication for participation in athletic activities where physical effort is required?			
Recommendations that would provide for optimal health care.			

 Date Doctor's Name Doctor's signature Medical License's number Phone #

NOTE: Physicians out of Puerto Rico must provide full contact information and NPI number if within US Licensing, unless licensed in PR. If licensed at a foreign Country, must include copy of Current Licensure and Verification Contact Person, including fax and email.