



International / Erasmus+ Student Medical Registration Form

Please complete this form in block letters, also sign Page 2 to confirm you have read & understood the information on the reverse of this form.

Surname / Family Name: _____

First Name: _____

Gender: _____

European Health Insurance Card: _____

Letterkenny Address: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Student ID Number: _____

Email Address: _____

Nationality: _____

Date of Birth: _____

Next of Kin: _____

Contact Details of Next of Kin: _____

Any Long Term Illnesses (physical or psychological): _____

Current medication (if applicable): _____

Any Allergies? _____

Any other relevant Medical Information: _____



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Meningitis C

If under 25 and have never received a Meningitis C Vaccination

Why is the Vaccine important?

If Meningitis C infection occurs, meningitis or septicaemia can develop quickly and **cause serious illness or even death.**

The vaccine is **free** and **will provide long-term** protection from Group C meningitis and septicaemia

Please contact your G.P. or The Student Health Service at An Dánlann.

Protect yourself against

Meningitis C

www.meningitis.org

This is to confirm that I have read & understood the above information:

Signed: _____

Date: _____

Please note that all EU Students should have a European Health Insurance Card.

Check www.ehic.ie for further information.

www.meningitis.org