



Last Name :

First Name :

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School and HUID : \_\_\_\_\_

The above-named student has been admitted to Harvard University. While in attendance at Harvard, the student may be eligible for and receive health care services at Harvard University Health Services (HUHS). It will be extremely helpful for HUHS to have knowledge of the student's current and past medical history. **Providers are asked to complete, sign, and return this form to the student so the student can upload it to the Harvard University Patient Portal prior to course registration.**

1. Date of Physical Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (must be within 12 months prior to registration)
2. Has the student suffered any major illnesses or injuries in the past of which we should be aware?
3. Is the student currently under treatment? Please include the names and contact numbers of any outside health providers with whom we may need to consult.
4. Abnormal laboratory, radiology, physical findings (e.g., Pap smear, mammogram, heart murmur)?
5. Emotional issues (e.g., depression, eating disorder)?
6. Any contraindications to contact or non-contact sports?
7. What recommendations do you have for the student's medical supervision? We would appreciate you send any reports that would help us care for the student needing continuing care or monitoring.

\_\_\_\_\_  
Signature and stamp of healthcare provider  
PHYSICAL SIGNATURE & STAMP  
REQUIRED

\_\_\_\_\_  
Phone number of practice

\_\_\_\_\_  
Date