If you have a medical condition that you would like us to be aware of, we encourage you to complete this form. The information on this form will be emailed to a designated staff member of Campus Health. Upon receipt of this form, a Campus Health medical provider will review the information and determine if more information will be needed from you. This information that you submit will be recorded into your health record at Campus Health and will be held in confidence. Campus Health respects and preserves the privacy and confidentiality of patient and personnel information. Information whether written, spoken, recorded electronically, or printed will receive the same level of protection. If you would like more information regarding confidentiality and privacy at Campus Health, please see the links on the right.
Other Resources:

- Accessibility Resources & Service [1]
- Housing [2]
- New Student and Carolina Parent Programs [3]
- The Learning Center [4]

Popular Page:

First Name _______________________
Last Name _______________________
Email address ____________________
Preferred Phone Number __________
Type of Special Need / Medical Condition

Would you like a medical provider to contact you about your needs?

? yes
? no

Submit

Source URL: https://campushealth.unc.edu/services/medical-records/self-identification-special-needs

Links