

Health Information For Students Participating in Off Campus Activities

Accurate completion of this form enables us to support you in the event of a medical emergency while abroad. The form is a confidential document and any and all information you provide will be disclosed only as necessary to provide for your health and well-being.

Name: _____

1. List any serious or chronic illnesses, surgery or injuries that may affect your health while abroad.

2. List any allergies that you have including hay fever, asthma or food allergies.

3. Are you presently seeing a counselor or other medical professional for emotional, psychological, or addiction problems? If yes, please list specifically the type of service or professional that is needed.

4. List below any prescription medications that you take including the dosage and frequency of medication.

5. Please note here or on the back any other medical concerns you have about study abroad.

I understand that this information will be released to the appropriate overseas contact person or trip leader who is granted permission to use it when, in his or her best judgment, health conditions so warrant.

Signature: _____ Date: _____