

MEDICAL INFORMATION FORM

NAME _____

This information is for use in the event of an emergency. It will be kept confidential and the form will be destroyed upon completion of the program.

1. Do you have any physical disabilities of which the program directors should be aware, e.g., disabilities which might cause hardship through change of diet, change of climate, carrying your own luggage, or strenuous travel?

() Yes () No

If yes, explain briefly:

2. Do you have any dietary restrictions or food or other allergies?

() Yes () No

If yes, explain briefly:

3. Do you have any pre-existing health conditions that may require treatment during the period of activity abroad?

() Yes () No

If yes, explain briefly:

4. To your knowledge, do you have any predisposing medical, emotional, or physical factors which under stress of adjusting to another culture may require treatment which you are abroad?

() Yes () No

If yes, explain briefly:

Please list any medications (generic not brand name) and what condition it is for, that you take on a regular basis.