



LAMAR UNIVERSITY
A Member of The Texas State University System

Global Studies and Study Abroad Health Information

This form is to be completed by the participant

STUDENT NAME:		DOB:	GENDER:
PROGRAM:	COUNTRY:	START DATE:	END DATE:

Traveling abroad can be an enriching as well as a physically and mentally challenging experience. For your health and safety, we encourage disclosure of your health status in order to help your program faculty and staff be of maximum assistance during your study abroad experience. Use additional paper as needed.

Providing this information does not affect your admission into the program.

1. Has your physical activity been restricted during the past 5 years?
YES ____ No ____ If yes, explain: _____
2. Have you ever been treated or are you currently being treated for any psychological/emotional condition?
YES ____ No ____ If yes, explain: _____
3. Are you taking prescription medications?
YES ____ No ____

If yes, list medications taken: _____
4. Do you have any allergies?
YES ____ No ____ If yes, explain: _____

Known allergies to medication: _____
5. Have you had major injuries, surgeries, diseases, or ailments in the past five years?
YES ____ No ____ If yes, please attach explanation
6. Is there any additional information (concerning medical or emotional conditions or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience?
YES ____ No ____ If yes, please attach explanation

Physician name: _____ Phone number: () _____

I certify that:

- All responses provided on this form are true and accurate and I will notify the *Office of Study Abroad* hereafter of any relevant changes in my health that occur prior to the start of the study abroad program.
- In the event of an emergency, illness, or injury, the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering anesthetic and performing necessary surgery.
- I have reviewed/will review the relevant information for my destination country, including recommended vaccinations, at <http://wwwnc.cdc.gov/travel>

Signature of participant: _____ Date: _____