STUDY ABROAD MEDICAL SELF-ASSESSMENT

STUDENT AND PROGRAM INFORMATION

Name: ____________________________
  Last (Family)  First (Given)  MI
Red ID: ____________________________
Program Location(s): ____________________________
Start Date: ________  ________  ________  ________
  MM/DD/YYYY
End Date: ________  ________  ________  ________
  MM/DD/YYYY

One passport-style photo is required. See photo guidelines for acceptable format and attach one photo in the space provided.

EMERGENCY CONTACT

Full Name: ____________________________
  Relationship: ____________________________
Phone: (_____)(_____)(____) Alternate Phone: (_____)(_____)(____) Email: ____________________________

PERMISSION TO CONTACT PARENTS/GUARDIAN

Parents like to be kept informed of program developments, fees, requirements, and updates and to learn more about the program you will attend. By signing below, you agree that SDSU can provide information to your parents/guardians or respond to phone inquiries from them.

__________________________  ____________________________
Signature  Date

MEDICAL SELF-ASSESSMENT

The following medical information, though not required, can be very useful in the event of serious illness or accident. Please complete this form accurately and truthfully. This information will be kept confidential and used only to help the staff respond to a serious injury or illness. Failure to voluntarily disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if your condition prevents you from responding to medical personnel.

Though a study abroad experience can be exciting and rewarding, it can also be both physically and emotionally demanding. Therefore we ask that you provide a candid evaluation of your health. A certain amount of stress due to cultural adjustments or the change in living conditions and facilities is a normal part of the study abroad experience. However, in some cases, such stress may aggravate conditions that you have under control at home.

With this form, we hope to create an awareness of any health issues that you should take into consideration before going abroad. This information will be used by the appropriate SDSU staff to assist in making any arrangements necessary to keep you healthy while abroad. The information may be forwarded to your program leader and/or overseas coordinator for reference should a medical emergency arise.
Do you have any allergies to medications, plants, food, animals, insect stings, etc.?  ☐ Yes  ☐ No
If so, please explain.  

Do you have any physical limitations or disabilities?  ☐ Yes  ☐ No
If so, please explain.  

Do you require services or accommodation to remove barriers created by a disability?  ☐ Yes  ☐ No
If so, please explain.  

Have you ever had a major illness, major surgical operation or been advised to have one?  ☐ Yes  ☐ No
If so, please explain.  

Have you ever been hospitalized?  ☐ Yes  ☐ No
If so, please explain.  

Have you ever received treatment for drug addiction?  ☐ Yes  ☐ No

Have you ever been treated by a psychiatrist or psychologist for any mental, emotional or nervous disorder? If so, are you currently receiving treatment?  ☐ Yes  ☐ No

Do you have any health conditions affecting your physical health?  ☐ Yes  ☐ No
If so, please explain.  

Do you currently receive any treatments or take prescriptions on a regular basis? If so, please confirm with your physician & host-country embassy that this can be legally taken abroad.  ☐ Yes  ☐ No

Do you have any dietary restrictions?  ☐ Yes  ☐ No
If so, please explain.  

Are there any concerns regarding your health, family history or other matters that you would like to discuss with your Study Abroad Coordinator?  ☐ Yes  ☐ No
If so, please provide a phone number and time when you may be contacted.

Phone: (______) _________________________  Best time to call: __________________________

**PARTICIPANT’S INITIALS: __________**