



Please read this form in its entirety before completing.
Fill this form out in ink.

Information provided on this form will be kept confidential, in accordance with the law, and only shared in the event of a medical emergency with others who have a bona fide need to know. Participants in a TnCIS study abroad program should be aware that disclosing medical information is voluntary however, providing relevant and accurate information is crucial to managing a medical emergency on your behalf.

Name _____ Program (country) _____

Student ID _____

Answer every question with words – not check marks, blanks or other symbols. Use ink.

1. Blood type (if known) _____
2. What illnesses, surgeries, or injuries have you had medical treatment for in the past five years?

3. Do you take any medications on a daily, regular or as needed basis? Yes No

3a. If yes, please list the medicines you are taking on a daily, regular, or as needed basis and indicate how often and why each medicine is taken.

Name of medication:	How often taken:	For what condition:	Length of time treated:

NOTE: Participants must bring an adequate supply of medications that are required on a daily or routine basis, in their original bottles, when traveling abroad. We also recommend you bring a copy of all prescriptions while traveling.

4. Are you allergic to any medications? Yes No

4a. If yes, please complete this section: _____ aspirin _____ sulfa drugs _____ penicillin
_____ other (please name) _____

5. Are you allergic to any substances? (i.e. bee stings, foods, plants, animals, etc.) Yes No

5a. If yes, please list those items here. _____

6. Are you currently under treatment for any physical condition? Yes No

6a. If yes, please explain.

7. List any ongoing physical conditions which might require immediate treatment abroad due to changes in climate, diet or exercise. What treatment is recommended?

8. Do you have any condition(s) which might prevent you from walking, climbing steps, carrying your luggage, or participating in excursions or other activities? Yes No

8a. If yes, please describe.

9. Are you on a restricted diet? Yes No

9a. If yes, please give details. _____

Mental Health or Additional Health Conditions

Although the state of one's mental health is a personal matter and responsibility, we urge you to be open about your pertinent health history and areas of potential vulnerability. Disclosing mental health information helps you plan with others so that the necessary support will be in place when you go abroad.

It is important that the TnCIS Executive Director be informed of any past or present medical problems, including mental health conditions that may bear on your study abroad experience. The information will be kept confidential, in accordance with the law and in recognition of your interest in privacy. Disclosure will be made only to persons having a bona fide need to know.

It is only in rare circumstances that disclosed medical information would preclude a student from studying abroad. The information allows the TnCIS Executive Director and the Program Director to help with any medical management issues and also with emergency planning.

Your obligation to provide an honest and forthright picture of your physical and mental health is critically important to the TnCIS Study Abroad program's ability to secure your wellbeing overseas. Your cooperation is imperative so that TnCIS can facilitate a great program experience.

Whether you are currently being treated for mental health concerns or if you see them as something in your past, you should know that preparing for and participating in this new experience can bring about a return or increase in symptoms. You are encouraged to discuss the advisability of participating in a study abroad program and issues related to cultural adjustment with your mental health practitioner. You may determine that based on your current symptoms, postponing or making adjustments to your plans is necessary.

ADDITIONAL HEALTH CONDITIONS

11. Are you currently undergoing or have you received any type of therapy for a mental health condition, recent emotional trauma, or drug/alcohol dependency within the past 5 years?

Yes No

If you answered yes to question 11:

For what?	How long have you been or were you in treatment?	How often are you receiving or did you receive care?	If currently in therapy, would you like to continue while abroad?

12. Do you have any additional health conditions other than those listed above that may need special consideration before or during your experience or may affect your participation in a program?

Yes No

If yes, you are advised to consult with your health care provider. Please supply an explanation:

Conditions:	How often do you have symptoms?	Your plan for managing this condition while traveling:

13. Your physician: Name _____

Address _____

Telephone _____ Fax _____

Additional physician: Name _____

Address _____

Telephone _____ Fax _____

Signature (in ink): _____ Date: _____