

# MEDICAL REPORT

**To the Student:** Please fill out the reference data below and then give the attached form to your physician with a stamped envelope addressed to: Academic Programs Abroad, Center for Global Education, Box 307, Augsburg College, 2211 Riverside Avenue, Minneapolis, MN 55454. The physician is asked to fill out the attached form and mail it directly. The information provided will be treated confidentially. Facts considered important and essential to your health care will be forwarded to the on-site Program Coordinators.

This program is physically and emotionally demanding. Thoughtfully assess your health in light of the potential rigors of the trip. For example: climatic changes: high temperature, and/or high humidity; change in altitude; exposure to unfamiliar bacteria due to change in diet; long days and intense schedules; long travel in cramped vehicles; limited availability to some medical equipment and medicines in some areas.

These factors, combined with potential strains from culture shock and intensive interaction with other group members can affect your health in ways you may not anticipate. We ask that you assess your physical and emotional health carefully and honestly. Pre-existing or past conditions will not exclude you from participating in the program; rather, in considering them now we can better prepare and assist you in the event these conditions affect you during the program.

Name (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood type \_\_\_\_\_

Do you have a history of any of the following medical conditions?

No Yes

- ☐ ☐ Epilepsy
- ☐ ☐ Alcoholism
- ☐ ☐ Eating disorders
- ☐ ☐ Diabetes
- ☐ ☐ Heart condition
- ☐ ☐ High blood pressure
- ☐ ☐ Emphysema
- ☐ ☐ Asthma

No Yes

- ☐ ☐ Back problems or other injuries
- ☐ ☐ Arthritis (or other condition limiting mobility)
- ☐ ☐ Other substance abuse or chemical dependencies?
- ☐ ☐ Allergies (including allergies to medicines)

please list: \_\_\_\_\_

☐ ☐ Others: please list: \_\_\_\_\_

How might any of these conditions affect your travels?

Mild physical or psychological disorders can intensify under the stresses of life and study abroad. For your own health and safety, it is important that the Program be advised of any medical or psychological conditions, past or current, which might affect you in a foreign study context. Are you currently or have you been under a doctor's care during the past two years? ☐ No ☐ Yes

If yes, what condition(s) are/were being treated?

Have you ever been treated by a psychiatrist, psychoanalyst or therapist for any mental, emotional or nervous disorder?  
☐ No ☐ Yes (If yes, explain on separate sheet)

Have you ever been immunized for typhoid fever?\* ☐ No ☐ Yes Date: \_\_\_\_\_

**\*Typhoid immunization is required for all students traveling to Mexico**

Are you currently on any special diet (even if voluntary, such as vegetarian)? ☐ No ☐ Yes (Please provide details:)

Do you carry any medication? ☐ No ☐ Yes If yes, please specify names, conditions which they treat, and possible side effects.

**Please Note: the following questions address disability-related needs of students.**

**Provision of the following information is voluntary**

Do you have a documented disability as defined by the Americans with Disabilities Act? ☐ No ☐ Yes

If yes, please state the nature of the disability:

In which areas does your disability currently impair your ability to perform daily academic or travel-related activities?

Are you requesting any academic activity accommodations from the program for above disability? ☐ No ☐ Yes **IF YES,**  
separately provide documentation from a qualified professional that speaks to your current needs for accommodation.

Any other comments about your health?

The above information is correct to the best of my knowledge. I understand that I will assume all medical costs incurred while participating in the program. I certify that the responses made on this Medical Report Form are true and accurate and that I will notify the Center for Global Education hereafter of any relevant changes in my health status that occur prior to the start of the program.

Under the Family Educational Rights and Privacy Act of 1974, I waive my right to the information provided and understand it will only be used for the purposes for which it was prepared. I understand that the Center may notify the person or persons that I have listed as emergency contact on my Participant Information Form in the event that I become ill, injured, or involved in an emergency situation during the semester. I understand and agree that the medical information I have provided may be used by the Center and its staff as needed during my participation in the program, and that such information may be disclosed to health care providers and emergency workers if I need medical care during the program. In the event that I am unable to make my own medical decisions, the Center representative may have to make those on my behalf.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (please print)

*The Center for Global Education reserves the right to request additional health information from you and/or your physician or other health care provider verifying your health.*