

Medical Self Assessment Form



Name of Applicant _____
Program _____
Program Dates _____

Because traveling overseas can be both physically and emotionally demanding, we ask that you provide an honest evaluation of your health. A certain amount of stress due to culture shock or the change in living conditions and facilities is a normal part of the experience. However, in some cases, such stress may aggravate disabilities or an illness to which you have control of at home.

With this form, we hope to create an awareness of health issues that you should take into consideration before going abroad. This information will be used primarily to guide us in making appropriate arrangements for you as an IEP student abroad. This information will also be forwarded to our in-country coordinator or faculty member only. Any information you provide will be handled in a confidential manner.

INSTRUCTIONS: Please read each question below and answer by selecting either YES or NO. If you answer YES to any question, please provide additional information on the back.

- | | | |
|--|-----|----|
| Do you have any pre-existing medical conditions? | YES | NO |
| Do you currently receive any medical or psychological treatment or medications on a regular basis? | YES | NO |
| Do you have any dietary restrictions? (Vegetarian, etc.) | YES | NO |
| Are you allergic to any medications, plants, foods, animals, insect stings, etc? | YES | NO |
| Do you have any physical limitations or disabilities? | YES | NO |
| Have you ever had a major surgical operation or been advised to have one? | YES | NO |
| Have you ever had a major illness? | YES | NO |
| Have you ever been treated by a psychiatrist, psychoanalyst, or psychologist for any mental, emotional, or nervous disorder? | YES | NO |
| Are there any concerns regarding your health, family history, or other matters that you would like to discuss with a study abroad advisor? | YES | NO |

Medical Self Assessment Form

If you are not a Jacksonville University student, may we share this information with a designated person in your home institution's study abroad office?

YES

NO

If you answered YES to any of the above questions, please provide additional explanation in this space. Also, provide your primary phone number where we may reach you.

Phone # _____

By signing below, I certify that the above information is true to the best of my knowledge. I also acknowledge the following:

I and my parents or guardians agree to release and hold harmless IEP, Jacksonville University, and my home institution and their employees and agents from any claims arising out of the provisions of medical care in my host country.

I understand and agree that this form will be released to the on-site staff or faculty members in the country that I will be traveling to. I also understand and agree that IEP, Jacksonville University, and my home institution are not responsible for any decisions which that institution may make based upon information it received from any source about my physical condition.

If my parents or guardians have not signed this form, I represent and certify that I am at least 18 years old.

Signature of Applicant

Date ____/____/____

Signature of Parent or Guardian (only if student is 17 years old or younger)

Date ____/____/____