

VITERBO UNIVERSITY – STUDY ABROAD OFFICE
Medical Disclosure Form

Participant Name: _____ Program Location: _____

While completing this form, we encourage you to be as detailed as possible. Full disclosure is essential to proper care in case of an emergency. This information is strictly confidential and will not be shared with any individual or organization not directly affiliated with the health and safety of program participants. The university may require that the student have a physical or mental examination by a physician indicating the student's physical and/or emotional ability to participate in a program. Attach additional pages or information if necessary.

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1. Please list any allergies you may have, including, but not limited to, food and medication. *If you suffer an allergy with a risk of anaphylaxis (any rapidly developing and serious allergic reaction), please indicate if you wear a medical alert bracelet or necklace, carry a medical alert card or carry epinephrine syringes.*

2. Please describe any medical, physical, emotional and/or psychological conditions you have which require on-going medical treatment and/or medication.

3. If you described any medical, physical, emotional and/or psychological conditions above, please define how you will handle your on-going treatment while abroad (e.g. phone conversations with therapist, etc.).

4. Currently or in the recent past, have you experienced alcohol or other substance abuse problems? If so, please describe.

5. Please list any prescription medication(s) you are currently taking (including inhalers) or expect to be taking during the time of travel (include brand name and generic name, if possible), and the purpose of this medication. If taking a birth control medication, simply writing "birth control" is sufficient.

6. Will you require accommodations for any condition while you are participating in this study abroad program? If yes, please provide details on the nature and scope of accommodations.

7. Do you have any dietary restrictions? If so, please describe.

8. Is there anything else about your health in which would be helpful for Viterbo study abroad program staff to know?

CERTIFICATION AND SIGNATURE

I certify that the information provided in this application is complete and correct to the best of my knowledge. In accordance with section 438 of the Family Education Rights and Privacy Act (Public Law 90-247), I hereby authorize the release of these materials and academic records as needed for this study abroad experience.

Signature of Program Participant

Date