



STUDY ABROAD Medical Records – This information is confidential and will only be used in the case of an emergency abroad.

Please complete and return to the International Relations Office.

Legal Name: Preferred Name:
 Date of Birth: Student ID#:
 Address:
 Phone Number: Email:
 Emergency Contact Name: Phone:
 Emergency Contact Email:

Medical History (include dates if possible):

Have you had any serious accidents?

Nature of injury:

List of operations and dates:

Do you take prescribed medications on a regular basis?

If yes, please list:

Do you have a physical, learning or other disability of which the University should be aware which may impact travel?

If yes, please describe:

	Y/N	If yes, please specify		Y/N	If yes, please specify
Allergy: Drugs:			Kidney Disease:		
Allergy: Foods:			Allergy: Other:		
Heart Disease:			Chicken Pox:		
Diabetes:			Asthma:		
Hypertension:			Seizure Disorder:		
Hypoglycemia:			Other:		

*If you have any serious allergies or conditions requiring medication, you are required to carry the necessary medication with you during travel.