

**NAZARETH COLLEGE STUDENT
STUDY ABROAD MEDICAL HISTORY**

Name: _____ Date of Birth: _____

Country of Study _____

Contact in case of emergency:

Name _____ Relationship _____

Phone # : Home () _____ Cell () _____

TO THE STUDENT: *Nazareth College wishes to provide appropriate assistance to you should the need arise during your study abroad experience. It is important that the program be made aware of any medical or emotional concerns, past or current, which might affect you in a foreign study context. The information you provide will only be shared with the program staff, faculty or appropriate professionals as it relates to your health and safety.*

INSTRUCTIONS FOR THE STUDENT:

1. Complete and sign the Medical History.
2. Make an appointment at health services to review this form with a nurse practitioner or physician.
3. Return completed and signed form to the Program Director. It is part of your application packet.
4. IF you will be studying abroad for MORE THAN ONE SEMESTER you will need to obtain a separate medical statement from your doctor on official medical letterhead to include with your student visa application. Please refer to student visa information.
5. It is recommended that you download and print a copy of your immunization information from Naznet and take it with you when you travel.

MEDICAL HISTORY

All medical/physical and mental health conditions:

All current medications (including prescription, over the counter, vitamins, herbs and supplements):

Hospitalizations (dates and reasons):

Name _____ Date of Birth _____

Allergies and reactions to medications, foods, bees, latex:

Documented disabilities _____

Specific dietary needs _____

I certify that my responses are complete and accurate to the best of my knowledge.

Signature

Date

Health Care Provider Section:

I have reviewed the above information with the student.

Provider Comments _____

Provider Stamp or Printed Name

Date

Provider (NP or MD) Signature