

# STUDY ABROAD MEDICAL SELF-ASSESSMENT

## SDSU Faculty-Led Study Abroad

### STUDENT AND STUDY ABROAD PROGRAM INFORMATION

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Name: \_\_\_\_\_  
Last (Family) First (Given) MI

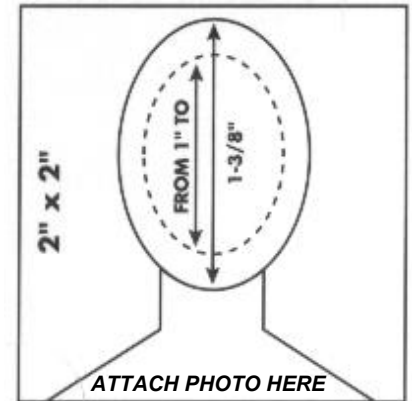
Red ID: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Country Location(s): \_\_\_\_\_

Program Term: \_\_\_ Winter Break \_\_\_ Spring Break \_\_\_ Summer \_\_\_ Semester

Program Year: 20\_\_\_\_\_



One clear, color passport-style photo *is required*. See [photo guidelines](#) for acceptable format and attach one 2" x 2" photo with tape (staple is okay, but tape is preferred) in the space provided to the right.

### EMERGENCY CONTACT

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### PERMISSION TO CONTACT PARENTS/GUARDIAN

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Parents/guardians like to be kept informed of program developments, fees, requirements, and updates and to learn more about the program you will attend. By signing below, you agree that SDSU can provide information to your parents/guardians or respond to phone inquiries from them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### MEDICAL SELF-ASSESSMENT

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*The medical information on the next page, though not required, can be very useful in the event of serious illness or accident. This information will be kept confidential and used **only** to help the staff respond to a serious injury or illness. Failure to voluntarily disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if your condition prevents you from responding to medical personnel, so you are asked to please complete the form accurately and truthfully.*

Though a study abroad experience can be exciting and rewarding, it can also be both physically and emotionally demanding. Therefore we ask that you provide a candid evaluation of your health. A certain amount of stress due to cultural adjustments or the change in living conditions and facilities is a normal part of the study abroad experience. However, in some cases, such stress may aggravate conditions that you have under control at home.

With this form, we hope to create an awareness of any health issues that you should take into consideration before going abroad. This information will be used by the appropriate SDSU staff to assist in making any arrangements necessary to keep you healthy while abroad. The information will also be provided to your program leader and/or overseas coordinator for reference.

Name: \_\_\_\_\_ Red ID: \_\_\_\_\_

**PLEASE ANSWER YES OR NO BY CHECKING THE APPROPRIATE BOX**

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Do you have any allergies to medications, plants, food, animals, insect stings, etc.?  
If so, please explain. \_\_\_\_\_  Yes  No

Do you have any physical limitations or disabilities?  
If so, please explain. \_\_\_\_\_  Yes  No

Do you require services or accommodation to remove barriers created by a disability?  
If so, please explain. \_\_\_\_\_  Yes  No

Have you ever had a major illness, major surgical operation or been advised to have one?  
If so, please explain. \_\_\_\_\_  Yes  No

Have you ever been hospitalized?  
If so, please explain. \_\_\_\_\_  Yes  No

Have you ever received treatment for drug addiction?  Yes  No

Have you ever been treated by a psychiatrist or psychologist for any mental, emotional  
or nervous disorder? If so, are you currently receiving treatment?  Yes  No

Do you have any health conditions affecting your physical health?  
If so, please explain. \_\_\_\_\_  Yes  No

Do you currently receive any treatments or take prescriptions on a regular basis? If so, please  
confirm with your physician & host-country embassy that this can be legally taken abroad.  Yes  No

Do you have any dietary restrictions?  
If so, please explain. \_\_\_\_\_  Yes  No

Are there any concerns regarding your health, family history or other matters that you  
would like to discuss with your Study Abroad Coordinator?  Yes  No

IF YOU ANSWERED "YES" to the question above, please provide a phone number  
and time when you may be contacted.

Phone: (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

**I read and completed this form to the best of my knowledge and understand how it will be used by SDSU. I also understand that I must turn this form in to the SDSU Faculty-Led Study Abroad office prior to studying abroad.**

**PARTICIPANT'S INITIALS:** \_\_\_\_\_