STUDY ABROAD MEDICAL SELF-ASSESSMENT
SDSU Faculty-Led Study Abroad

STUDENT AND STUDY ABROAD PROGRAM INFORMATION

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

Full Name: _____________________________________________ Relationship: ______________________________

Phone: (_____)________________  Alternate Phone: (_____)________________  Email: _____________________

PERMISSION TO CONTACT PARENTS/GUARDIAN

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

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.
P**LEASE ANSWER YES OR NO BY CHECKING THE APPROPRIATE BOX**

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

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

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

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

Have you ever been hospitalized?  
☐ Yes  ☐ No  
If so, please explain. ________________________________

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?  
☐ Yes  ☐ No  
If so, please explain. ________________________________

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?  
☐ Yes  ☐ No  
If so, please explain. ________________________________

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: __________