



# Medical History Form

Regarding disability, it is your responsibility to provide the necessary documentation of disability and to give ISA staff adequate notice when requesting accommodations that require preparation. University facilities and housing in other countries may not meet American standards of accessibility for people with disabilities. By filling out this form completely and answering all questions truthfully, ISA will be able to determine whether your selected program is able to provide you with necessary accommodations. Should your particular program not be able to offer the necessary accommodations, ISA will attempt to offer you an alternative placement. ISA cannot guarantee that all programs will be able to provide necessary accommodations.

## PARTICIPANT INFORMATION

Please type or print in ink.

Participant Name

Program Term and Dates

SS # or Student ID #

DOB

Age

Country of Birth

Sex

## PERSONAL AND FAMILY HISTORY

1. Are all of your parents and siblings alive?

- yes  no

If no, please give cause of death, relationship to you and any other significant health problems they may have had.

2. Have you or a relative experienced any of the following (e.g. parents, siblings or grandparents)?

Self

Relative

- |                        |                                                          |                                                          |  |
|------------------------|----------------------------------------------------------|----------------------------------------------------------|--|
| R Heart Attack, Stroke | <input type="checkbox"/> yes <input type="checkbox"/> no |                                                          |  |
| E High Blood Pressure  | <input type="checkbox"/> yes <input type="checkbox"/> no |                                                          |  |
| Q High Cholesterol     | <input type="checkbox"/> yes <input type="checkbox"/> no |                                                          |  |
| U Diabetes             | <input type="checkbox"/> yes <input type="checkbox"/> no |                                                          |  |
| I Cancer               | <input type="checkbox"/> yes <input type="checkbox"/> no |                                                          |  |
| R Alcohol/Drug Abuse   | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| E Emotional Disorder   | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| D Hereditary Disorder  | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| Major Surgery          | <input type="checkbox"/> yes <input type="checkbox"/> no |                                                          |  |

If you answered yes for self on any questions above please describe:  
Attach additional pages, as needed.

3. Childhood Illness:

- Chicken Pox  yes  no
- Measles  yes  no
- Mumps  yes  no

4. Have you ever received medical or psychiatric aid, long-term counseling, hospitalization, or been prescribed psychiatric medication for any one, or more, of the following: emotional disorders, eating disorders, drug or alcohol problems? If your answer to question 4 is yes, please describe and you must submit the ISA Specialist Clearance Form with a specialists' signature.

- yes  no

5. Do you have any on-going medical condition or do you take medications on a daily basis? Please list. Attach additional pages as needed.

- yes  no

Diagnosis & Treatment For medications, list name and dosage. Depending on condition, we may require the Specialist Clearance form.

6. Allergy History If yes, please name and describe reaction

- Medications  yes  no
- Food intolerances  yes  no
- Insects  yes  no
- Other  yes  no

7. Do you have a disability or condition that may require special accommodations such as first floor housing, alternative transportation, etc? If yes, please DESCRIBE and contact ISA for the disability accommodations form.

- yes  no

8. Do you have any learning disorders that require special accommodations such as extended test time, separate testing room, etc?

If yes, please contact ISA for the disability accommodations form.

- yes  no

9. Is there any information that program or hospital staff should be made aware of in the case of an emergency?

- yes  no

## PRIMARY CARE PHYSICIAN

Name

Phone

## SPECIALIST (IF APPLICABLE)

Name

Phone

Field of Medicine

## PERSON TO NOTIFY IN CASE OF EMERGENCY

Name		Relationship	Home Phone	Work Phone
Address				
City	State	Zip	Cell Phone	Email

## IMMUNIZATIONS

I accept complete and absolute responsibility and liability for ensuring that I am properly immunized against conditions and diseases for the countries to which I am traveling. I represent and warrant that I am informed what the proper immunizations are for the countries. I further represent and warrant that I have confirmed with my physician and/or the U.S. Department of Health and Human Services – Centers for Disease Control and Prevention's website ([www.cdc.gov/travel/](http://www.cdc.gov/travel/)) for updates and recommendations regarding immunizations for the countries to which I am traveling. I further represent and warrant that I have received all necessary and recommended immunizations.

## EMOTIONAL AND PHYSICAL STRESS

Living and studying in a foreign environment may create unexpected physical and emotional stress, which may exacerbate otherwise mild disorders. I understand that it is important that I am able to adjust to potentially dramatic changes in climate, diet, living conditions and studying conditions that may be seriously disruptive to accustomed patterns of behavior. I understand that I should never assume that going abroad to study would provide an antidote to health problems experienced at home. I understand that if I fail to inform ISA about a medical condition, medication or medical treatment that I have received/am receiving and there are related problems during the program, it may result in my being dismissed from the program.

## MEDICATIONS & TRAVELING ABROAD

If you regularly take prescription medications, bring a supply to last throughout your time abroad. Bring a letter (in your carry-on luggage) from your health care professional listing your medications, their dosage, their generic name, and a description of the condition being treated, and give your ISA directors a copy of the letter upon arrival. This letter could be helpful in an emergency. Make sure all drugs you take with you are in the original pharmacy containers and are clearly labeled. You should carry copies of the prescriptions to avoid problems with Customs. Be sure to carry all prescriptions, medicines, and related paperwork in your carry-on luggage.

Please note that in order to enter Spain or Italy with psychotropic medications, such as Adderall or Ritalin, additional documents may be required. If you plan on taking this kind of medication with you to Spain, please contact your ISA Site Specialist for more information.

In the case of narcotic medicines, you may not be able to carry additional supplies because of possible Customs difficulties. Instead, bring a prescription with the drug's generic name and a letter from your health care professional describing your condition.

Most countries have very strict regulations on having medications shipped abroad, and in many countries it is illegal to ship it altogether. Check with the postal service and customs office well in advance. It is imperative that you discuss with your health care professional in the U.S. ahead of time how you will get medications that you need in your host country if you are not able to bring a full supply with you.

## PARTICIPANT AUTHORIZATION AND RELEASE

I authorize International Studies Abroad, Inc. to seek and to obtain medical and surgical services, immunizations, and therapeutic procedures as deemed necessary by duly licensed healthcare professional. I am aware that due to the nature of traveling abroad, it may not be possible to obtain the same quality of health care that I would receive if I were treated in the United States. I freely, knowingly and willingly choose to participate in the program and assume the associated risks and will take due care during such participation.

I hereby release and discharge, indemnify and hold harmless International Studies Abroad, Inc., its governing board, officers, employees, agents, interns, and any other persons or entities acting on its behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands and causes of action whatsoever, either in law or equity, relating to the diagnosis and/or treatment of any ailment, condition, disease, disability or bodily and psychological injury arising from my participation in the ISA program. I understand that I am solely responsible for any costs arising out of the diagnosis and/or treatment of any ailment, condition, disease, disability or bodily and psychological injury sustained through my participation in normal or unusual acts associated with the ISA program. I represent and warrant that I am in good health, and affirm that my participation in the International Studies Abroad, Inc. program will in no way aggravate any condition(s) present.

*By signing below I certify that the information is true and correct. Furthermore, I agree to be bound by the terms and conditions of the authorization and release.*

Participant Name	Participant Signature	Date
Parent/Guardian Name <i>(only required if the participant is under 18-years-old)</i>	Parent/Guardian Signature	Date