Truman State University

Faculty-Led Study Abroad Program Medical Form

This form should be completed by a physician or other medical professional in conversation with the program participant.

Name of Program Participant _____

Name of Program and Locations _____

Program Dates _____

To the examining medical professional: *Truman State University offers faculty-led programs to destinations around the world. The type of program can vary – some include physically demanding components. All participants will be fully active in the local culture. Some participants will live with a host-family for a protracted period of time or in hostel, hotel, or dorm accommodations, with varying proximities to Western-style health facilities and psychological services. For these reasons, you are asked to carefully consider the applicant's general fitness and physical and mental health in relation to the country, type of program, and the conditions in which the applicant will be living. This information is strictly for the use of Truman State University and will not be released without the applicant's consent.*

The following is a list of questions we ask you to discuss with this program participant in making a recommendation of their fitness for our program:

1. Is this applicant seriously underweight or overweight, or is there a history of any eating disorder, such as bulimia or anorexia, that may affect the student's ability to participate in this program?
   Yes / No
2. Does this applicant have allergies (including allergies to medication and/or food)?
   Yes / No
   a. If yes, please list:

      _____

      _____

      _____

3. Is there a history of asthma, anaphylaxis, or other dangerous respiratory or cardiovascular conditions that may affect this student's ability to participate in this program?
   Yes / No
4. Is this applicant currently under medical treatment for an ongoing condition or taking medications that will require management during the program?
   Yes / No
5. Does this applicant have any speech, hearing, eyesight, or physical impairment that may affect this student's ability to participate in this program?
   Yes / No
6. Is there any history of mental illness, mental disorders, or suicidality that may affect this student's ability to participate in this program?
   Yes / No

7. Are there limitations to physical activity for this student (for example, would the student be able to carry luggage or participate in strenuous travel without undue hardship)?

   Yes / No

   a. If Yes, please explain:

      _____

      _____

      _____

8. Are the student's immunization records up-to-date?

   Yes / No

Having examined this applicant and reviewed their past medical history, do you agree that the applicant is healthy enough to participate in the program indicated above?

Yes / No

Please use the following space to further elaborate on the information above or to communicate any additional information about this student's health that should be known by the program's leader:

_____

_____

_____

_____

_____

_____

_____

Signature of Medical Professional _____ Date _____

Name (print) of Medical Professional _____

Address _____

Telephone _____

Student Medical Authorization

The purpose of this form is to help the Truman State University Center for International Education Abroad, your program's leader(s), and other affiliated program administrators to be of maximum assistance to you should need arise during your study abroad experience. Faculty-led study abroad programs involve a range of both mental and physical stressors including changes in diet and climate, physically taxing travel, and intense social experiences traveling as a group or being exposed to new cultures. It is important that program administrators and leaders be aware of any existing physical or mental health issues, past or current, which might affect you under the stress of study in a foreign context, and have your permission to share relevant information with concerned parties in order to assist you should the need arise. Please read the following statement and sign below.

As an applicant to a Truman State University faculty-led study abroad program, I, authorize the release of the health records contained above by the study abroad office to my program's instructor(s), third-party vendors or homestay families contracted to facilitate my program. In the event of an emergency, I further authorize the release of this information by the parties above to my designated emergency contacts and/or assisting medical professionals.

On rare occasions, an emergency requiring immediate medical treatment may develop. In order to prevent a dangerous delay in an emergency situation where representatives of Truman State University are unable to contact my parent, guardian, or other emergency contact, or if I am unconscious or otherwise unable to give you my consent, I hereby authorize Truman State University representatives to secure whatever medical treatment is deemed necessary by assisting medical professionals.

I hereby verify that all of the information contained in the medical form above is accurate and complete. Furthermore, I agree to notify Truman State University of any material changes in my health that occur prior to the start of the program or while on the program.

Signature of Student _____ Date_____