

# Global Education STUDENT MEDICAL INFORMATION FORM

---

This is a report of your current medical status and conditions you may need assistance with while you are abroad. Your information is confidential and will only be accessed by your Study Abroad support personnel should you require medical or counseling support services during your participation in the program.

Name: \_\_\_\_\_

Are you generally in good physical condition? Yes  No

If no, please explain:

Are you currently being treated for any medical condition? Yes  No

If yes, please explain:

Are you diabetic? Yes  No

Have you ever had epilepsy or another seizure disorder? Yes  No

Do you have a heart condition? Yes  No

If yes, please explain:

Do you have a history of having an eating disorder? Yes  No

If yes, please explain status:

Have you been diagnosed with a medical condition in the past five years? Yes  No

If yes, please explain:

Do you have any allergies? Yes  No

If yes, please explain:

Do you take prescribed medications? Yes  No

If yes, please explain the arrangements you have made for receiving your medications while abroad:

Medical Insurance. All CCS study abroad students are required to have a U.S. medical insurance policy while abroad. Please contact your U.S. medical insurance company to confirm your coverage and procedures abroad. You will have in-country insurance provided by Colegia Delibes and must purchase supplementary travel / study abroad insurance.

Please provide a copy of your medical insurance card and the information below:

Name on card: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Member number: \_\_\_\_\_

I certify that my responses on this form are true and accurate. I will notify the program administrator of any relevant changes that occur prior to the program start date. I understand that the information on this form is for information purposes only and does not imply responsibility on the part of Study Abroad staff for my health.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_