

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
NMU E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
NMU IN#: \_\_\_\_\_

**Travel Plans**

Where are you going? \_\_\_\_\_  
Faculty advisor coordinating your study abroad experience: \_\_\_\_\_  
Any planned side destinations? \_\_\_\_\_  
How long is your trip? \_\_\_\_\_ Date leaving: \_\_\_\_\_ Date returning: \_\_\_\_\_  
Are you traveling with a group or class? \_\_\_\_\_  
What is the purpose of your travel? \_\_\_\_\_

**Accommodations and Exposures**

Staying in modern facilities (hotel or dorm)? \_\_\_\_\_ Staying with a host family? \_\_\_\_\_  
Plans for camping/tenting/hiking? \_\_\_\_\_ High altitudes (>12,000 ft.)? \_\_\_\_\_  
Significant insect or parasite exposure? \_\_\_\_\_ Working in medical or dental field? \_\_\_\_\_  
Exposure to poor sanitation (relief efforts, etc.)? \_\_\_\_\_  
Contact with wild animals (jungle hiking, etc.)? \_\_\_\_\_

**Health History**

Do you see a medical specialist? ( Y / N ) Reason: \_\_\_\_\_

Medical Diagnoses (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication and Dose

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over the Counter Medications (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Taking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication/Vaccine Allergies (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies/Intolerances (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diet: Regular Vegetarian Other (describe): \_\_\_\_\_

Allergic to eggs? \_\_\_\_\_ Bee stings? \_\_\_\_\_ Do you carry an EpiPen? \_\_\_\_\_

Please indicate if any of the following affect you:

Problem	Yes	No	Medications or Remedy
Motion Sickness			
Fear of Flying			
Urinary Tract Infections			
Severe Headaches			
Asthma			
Seizures			
Blood Clots			

### Mental Health

Ever hospitalized for a mood or psychiatric reason? ( Y / N ) If so, when? \_\_\_\_\_

Ever treated for a psychiatric problem or eating disorder? ( Y / N ) What diagnosis? \_\_\_\_\_

Have you ever been counseled or medically treated for depression or anxiety? ( Y / N ) Explain: \_\_\_\_\_

Do you currently take medications for depression or anxiety? ( Y / N ) Please list: \_\_\_\_\_

Are you currently undergoing counseling for any reason? ( Y / N ) Explain: \_\_\_\_\_

Ever have significant difficulty with the stress of traveling? ( Y / N ) Explain: \_\_\_\_\_

Do you have any additional health conditions other than those previously listed that may need special consideration before or during your study abroad experience or may effect your ability to participate in this program? ( Y / N )

Explain: \_\_\_\_\_

### Vaccination Information

The following vaccination information can be obtained from your immunization record, your school records, your local health department, or from the physician's office where you received your immunizations.

I am up to date on all childhood vaccinations. ( Y / N )

Date of last tetanus booster: \_\_\_\_\_.

Did you receive the hepatitis B series? ( Y / N ). If yes, give dates on next line.

Dates of hepatitis B series: #1\_\_\_\_\_ #2\_\_\_\_\_ #3\_\_\_\_\_

Have you received a flu shot this year? ( Y / N )

Have you received the following special or travel related vaccines?

Vaccine	No	Yes	If Yes, give date(s)
Hepatitis A			
Yellow Fever			
Injected Typhoid			
Oral Typhoid			
Adult Polio Booster			
Meningitis			
Rabies			
Encephalitis (Japanese)			

Have you had a tuberculin skin test (ppd) in the past? ( Y / N ) Was there a reaction? \_\_\_\_\_

Do you know of any specific vaccinations or medicines required for your trip? ( Y / N ) Please list: \_\_\_\_\_

Ever taken medicine to prevent malaria? ( Y / N ) Any side effects? \_\_\_\_\_

If known, which medicine did you take? \_\_\_\_\_

## Women Only

Are you currently pregnant or breast feeding? ( Y / N )

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## Medical Records Authorization

The medical review of this form and admission into a program are independent of each other. The purpose of this form is to help Northern Michigan University provide appropriate assistance to you should the need arise during your study abroad experience. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in an NMU study abroad program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to appropriate individuals and with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety.

I authorize the release of information contained in this Confidential Student Health/Emergency Treatment Authorization form for access and review by the executive director and study abroad advisers in the NMU Office of International Programs, and the appropriate health professionals in the NMU Health Center. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the NMU Office of International Program advisors, the NMU program leader, host family, and the host institution's resident director.

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated Confidential Student Health/Emergency Treatment Authorization. I understand that if I withhold information on this form, I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this program is contingent on receipt by the NMU Office of International Programs of this completed and signed form.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if participant is under age 18)