

# Landmark College - Study Abroad

## Health Form

(return to the Office of Experiential Education [studyabroad@landmark.edu](mailto:studyabroad@landmark.edu) or Admin 218)

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

Study Abroad Program(s): \_\_\_\_\_

### Medical Release

*Permission for Emergency Treatment: On rare occasions an emergency requiring hospital treatment and/or surgery may develop. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be done without consent of the patient. To avoid potentially dangerous delay in an emergency, and if you are unconscious or otherwise unable to give your consent, we request that you sign the following permission to ensure necessary treatment.*

I hereby authorize Landmark College's representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

### Health History

*You have already been accepted into a Landmark College study abroad program. The information you give here will be provided to your Program Director so that we can do our best to ensure your health & enjoyment on study abroad. You have the choice not to complete this form but must indicate that choice at the end of this document.*

#### Review of Illnesses and Symptoms

Please check "yes" if you have experienced any of the following diagnoses or symptoms. Please give details below on any checked response, adding additional paper if necessary.

	yes		yes		yes
Abdominal problems		Depression		Substance use/abuse	
Anemia		Diabetes		Thyroid disorder	
Anxiety		Eating disorder		Vision/eye problems	
Arthritis		Epilepsy (seizures)		Other (please specify):	
Asthma		Gastrointestinal disorder			
Back problems		Head injury/concussion		Allergy:	
Bipolar disorder		Heart murmur/disease		Hay fever	
Bladder/kidney problems		High blood pressure		Bees/wasps	
Bleeding/clotting disorder		Immune system problems		Pet/animal dander	
Blood disorder		Impaired use of any limbs		Foods	
Cancer or Leukemia		Joint problems		Drug	
Celiac disease		Migraines/severe headaches		Other allergy (specify):	
Cerebral palsy		Recurrent dizziness/faintness			

Comment below on any condition(s) that you checked above: \_\_\_\_\_

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

**Please answer the following questions either 'yes' or 'no' and provide details as necessary.**

*Change of status: You are responsible for notifying your Program Director immediately of any changes in your health history prior to your departure or while on the program.*

Have you ever been hospitalized? If yes, give diagnosis and date.  yes  no

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Do you have any chronic/recurrent illness? Any permanent/chronic injury or physical disability? If yes, give details.  yes  no

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Do you have any health requirements or dietary restrictions? If yes, explain  yes  no

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In the last two years, have you received counseling or been treated for a mental health condition, substance abuse, or eating disorder? If yes, explain.  yes  no

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Are you currently taking any medications (including antigen/immunotherapy allergy injections)? If yes, list and give details.  yes  no

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*(You must bring enough medication for the entire program length. Bring a copy of your prescription and carry all medication in original containers. NOTE: if you are planning to be out of the country for more than 30 days, please talk to your prescribing physician immediately as it may be difficult to get more than 30 days' worth of some meds.)*

Please check if you have been treated by a psychiatrist, psychologist, drug/alcohol counselor, or other mental health professional for any of the following behavioral health issues in the last two years:  yes  no

- Homesickness       Anger       Depression       Anxiety       Eating problem  
 Bi-polar Disorder       Substance use disorder       Other behavioral issue \_\_\_\_\_

Comment here on all issues that you have checked above and what strategies you have for coping while abroad (feel free to attach additional paper):

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Please give us any information about your general fitness & physical/mental health that might impact your experience abroad. In order to ensure your well-being, full disclosure of any health history that could be problematic in a mentally & physically rigorous overseas program is extremely important.

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The information that I've provided is accurate and complete. \_\_\_\_\_  
signature date

I am choosing not to answer all or some of the questions asked and understand that this may increase my risks on Study Abroad.

\_\_\_\_\_  
signature date