

Landmark College - Study Abroad/Study Away Health Form

Return to the study abroad/study away office at studyabroad@landmark.edu or Lewis 215

Name: _____ Study Abroad/Away Location: _____

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.

Sign ->

Participant's signature

Date

Landmark Health Information Release

I hereby authorize Landmark Counseling & Health Services to release recommendations deemed relevant to my health & safety to study abroad/study away staff.

Sign ->

Participant's signature

Date

Health History

You have been accepted into a Landmark College study abroad/study away program. The information you give here will be provided to your program leaders so that we can do our best to ensure your health & enjoyment on the program. 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.

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

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

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

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

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

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

Are you currently taking any medications? If yes, list and give details. ☐ yes ☐ no

(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.)

Review of Mental Health and Behavioral History

Please check if you have been treated by a psychiatrist, counselor, or other mental health professional for any of the following in the last two years:

	yes		yes		yes
Anger		Depression		Substance abuse	
Anxiety		Eating disorder		Other mental health or	
Bipolar Disorder		Homesickness		behavioral issue (specify below)	

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):

The information that I've provided is accurate and complete.

Sign ->

signature

date

Additional Information

The following is an optional space where you may provide any information that might help us understand how to support you. This may include information about your learning profile and any relevant diagnoses. This may also include aspects of your social identity such as gender identity/sexuality, race/ethnicity, financial concerns, or simply aspects of your personality that you think will impact your experience. You are not required to provide any of this information, but we invite you to share: if it's important to you, it's important to us. Feel free to attach additional paper.