

**OFFICE OF INTERNATIONAL AND OFF-CAMPUS PROGRAMS**

**DREW UNIVERSITY • MADISON, NJ 07940 • BROTHERS COLLEGE ROOM 115 • TEL: 973/408-3438 • FAX: 973/408-3768**

**HEALTH INFORMATION**

Program \_\_\_\_\_

While international and off-campus study is exciting and rewarding, the special challenges associated with such an experience can be physically and/or emotionally demanding and stressful to some. A medical or psychological condition that can be dealt with easily on campus, may pose a threat in a location where support services are inadequate or scarce. Candid evaluation of your medical condition and discussion as to whether your medical needs can be met while away from home is the best way to safeguard your well-being.

The purpose of this Health Information Form is to: 1) make the faculty director of your program aware of any medical or psychological condition which may affect or be affected by your participation in the program; and 2) provide information about your health history that will be helpful to medical officials in the event of a medical emergency. It is not intended to exclude your participation in the program. All information will be kept confidential and is accessible only by the Director of International and Off-Campus Programs, the Director of Health Service, the faculty and staff of the individual program in which you intend to participate, and medical personnel. Please read all information thoroughly and be sure to complete both sides of this form. Ultimately, you are responsible for your own health safety while participating in your chosen program.

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Tel. \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Whom should we contact in the event of an emergency?

Name \_\_\_\_\_

Address \_\_\_\_\_

—

\_\_\_\_\_ Tel. \_\_\_\_\_

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Participants in any Drew University International or Off-Campus Program must have internationally valid health insurance coverage, which also includes coverage of evacuation and repatriation. Please provide information on your health insurance carrier below:

Name of Company \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Policy # \_\_\_\_\_

We recommend that you carry certification of health insurance coverage and claim forms.

**To the Student:** In the event of illness or injury to \_\_\_\_\_(participant's name), I authorize the Director of the Drew University International or Off-Campus Program in \_\_\_\_\_(program location), to secure any treatment that may be considered necessary, including the administration of an anaesthetic and surgery.

I authorize my physician or the Drew University Health Service Office to release my immunization record and information regarding my health status relevant to my participation in my chosen program to the Director of International and Off-Campus Programs, the Director of Health Service, the faculty and staff of the individual program in which I will participate, and medical personnel. I agree to record any vaccinations received after completion and submission of this form in an International Certificate of Vaccination booklet and to carry this information with me on my chosen program. Further, if I become aware, subsequent to submitting this form, of any medical or psychological conditions that may affect my participation in an international or off-campus program, I agree to disclose this information to the faculty leader directing the international or off-campus program in which I will participate.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

Parent's Signature (if participant is under age 18) \_\_\_\_\_

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**To the Physician:** The student asking you to complete this form will participate in a Drew University sponsored international or off-campus program. Your honest evaluation of his/her condition is appreciated.

Please list all vaccinations this student has received in the past 10 years, including dates:

Does this student have any significant, underlying medical or psychological conditions or life threatening allergies, or take prescription drugs on a daily basis of which an international or off-campus programs director or qualified physician should be aware in the event of a medical emergency? If so, please explain below.

Participation in a study abroad program can be physically and mentally demanding. Any pre-existing medical or psychological condition or use of prescription medication may place the student at risk. I have discussed this matter with this student and believe that he/she is prepared to participate in the program to which he/she has been accepted.

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Please return completed forms to: The Office of International & Off-Campus Programs, BC-115, Drew University, Madison, NJ 07940.

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