



RSCC Study-Abroad Participant - Student Medical History Form

Name _____ Program _____

Student ID _____

1. Blood type: _____ 2. Do you wear contact lenses? Yes No
3. What illnesses, conditions or injuries have you had medical treatment for in the past five years?

4. Are you currently under treatment for any physical or emotional conditions? Yes No
If yes, please explain.

5. List any ongoing physical or emotional conditions that might require immediate treatment abroad due to changes in climate, diet or exercise. What treatment is recommended?

6. Are you currently taking any medications on a regular basis? Yes No If yes, please name.

Please describe for what purpose the medication is prescribed (e. g. Claritin for allergies)

NOTE: Participants should bring an adequate supply of medications that are required on a daily or routine basis, in their original bottles, when traveling abroad. We also recommend that you bring a copy of all prescriptions while traveling.

7. Are you allergic to any medications? aspirin sulfa drugs penicillin (Other? please name)

8. Are you allergic to any other substances? (i.e. bee stings, foods, animals, etc.) Yes No
If yes, please explain:



9. Do you have any condition(s) that might prevent you from walking, climbing stairs, carrying your luggage, or participating in excursions or other activities?

10. Are you on a restricted diet? If so, give details.

11. Your physician's name: _____ Telephone _____

Participant's Signature

Date

* It is important to be aware of what procedures for payment/reimbursement will be required by your particular medical insurance company. Most U.S. companies will not make payment directly to a foreign doctor or hospital. In the event of illness or accident, students must be prepared to pay cash to the foreign doctor or hospital, and be responsible for obtaining receipts to submit for reimbursement by their U.S. medical insurer. BE PREPARED BY KNOWING YOUR INSURER'S GUIDELINES!