HOBART AND WILLIAM SMITH COLLEGES/UNION COLLEGE
MEDICAL REPORT FOR STUDY IN QUEENSLAND, AUSTRALIA

Your name: _____ Semester going abroad: _____

INSTRUCTIONS TO THE APPLICANT: Complete Sections I through V. If you respond "YES" to any of the questions in Section III, please elaborate on these in Section IV. At the bottom of Section V, please sign and date the form, verifying that the information given is correct.

A visit to your physician is **required** unless you've had a physical within the past 12 months and your physician feels s/he can respond to this form based upon your records. In all cases, the physician coordinating your care must fill out Section VI before this form will be considered complete.

After obtaining the physician's/provider's evaluation in Section VI, RETURN THE FORM to:

International Programs/Old Chapel – 3rd Floor
807 Union Street
Schenectady, NY 12308

MEDICAL REPORT REVIEW: This medical report is subject to review by the HWS and/or Union College faculty director(s) for your program, the HWS/Union study abroad administrators and the Director of your campus health center. An applicant will not be prohibited from participation abroad on the basis of either a physical or emotional condition unless: it is of such a serious nature or degree as to prevent successful participation in the program; medical care for an individual's medical problem is not available in the program area; and/or the living and environmental conditions to which the applicant could be exposed would present a serious risk to the health of the individual.

I, _____, give permission for this form to be kept on file with
Please print name
the Center for Global Education (CGE) and with the faculty directors or onsite coordinators of my program, and for the form to be provided to health care personnel in the event that I require medical care during my semester off campus.

In the event that I am unable to give consent to medical care myself in the case of a life-threatening emergency, and/or if my parents/guardians cannot be reached, I hereby give to the faculty director, onsite coordinator or a duly appointed representative consent to care for me, including medical and surgical treatment and hospitalization if necessary. Further, I attest that I have fully and honestly disclosed all/any medical or emotional conditions for which I am currently being treated or was treated in the past. ***If any new issues arise after filling out this medical form, I will let the CGE know.***

_____ _____
Your signature Date

For participants under 18 years of age:
I give permission for the faculty director(s) or his/her representative to obtain and consent to care for my son/daughter, including medical and surgical tratment and hospitalization if necessary, in the event that I cannot b e reached in an emergency.

Signature of parent/guardian: _____ Date: _____

I. GENERAL INFORMATION

Name: _____ Sex: ____ Birth Date: _____/_____/_____

Campus Address: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ Cell Phone: _____

Emergency Contact:

Name: _____ Phone: _____
Cell Phone:
_____

Address: _____ Relation: _____

II. CURRENT MEDICAL HISTORY

a. Do you have any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant chronic medical conditions which are currently in remission? (for example: ADD, ADHD, diabetes mellitus, heart problems, chronic or recurrent gastrointestinal disorders, seizure disorders, treatment for cancer, bleeding disorders, etc.) *Yes ___ No ___

b. Do you suffer from anxiety, depression, an eating disorder, alcohol or drug addiction or any other psychiatric condition? *Yes ___ No ___

If yes, are you currently receiving, or have you sought in the past two years, counseling or treatment for any of these issues? *Yes ___ No ___

***If you answered "yes" to A or B above, please give details:**
(note: if you are currently receiving treatment for this medical/psychiatric issue, you should also have that doctor fill out a copy of the physician's page at the end of this form in addition to your general practitioner, unless your general practitioner is fully aware of and can comment on the progress of that condition).

_____

_____

c. Do you have any disability or academic accommodation which will require accommodation abroad? Yes ___ No ___ If yes, please describe

_____

_____

III. PAST MEDICAL HISTORY

	Yes	No
a. Have you been hospitalized during the past year?	____	____
b. Have you been hospitalized previously?	____	____
c. Have you had an operation during the past year?	____	____

Yes No

d. Have you had an operation previously? ____ ____

e. Have you ever been told by a physician to avoid strenuous activity? ____ ____

f. Have you ever had migraine headaches? ____ ____

g. Have you ever suspected or been told that you might have an eating disorder such as anorexia nervosa or bulimia? ____ ____

h. Have you ever had TB or been exposed to anyone with tuberculosis? ____ ____

i. Have you had a skin test for tuberculosis? ____ ____

If yes, please give date: _____

j. Was the skin test positive? ____ ____

k. Have you ever had an allergic reaction to any medication? ____ ____

If yes, please list: _____

l. Do you have any allergies besides those listed in k above? ____ ____

If yes, please list, describing the severity and symptoms associated with this allergy:

_____
_____
_____

m. Do you have any orthopedic problems that restrict physical activity? ____ ____

n. Have you ever suspected or been told that you have an alcohol or drug addiction problem? ____ ____

o. Do you have diabetes mellitus? ____ ____
Has your condition been stable over the past two years? ____ ____
Please list medications in Section IV.

p. Do you have a seizure disorder? ____ ____
Have you had a seizure in the past two years? ____ ____

If yes, please list date(s): _____
Please list medications in Section IV.

q. Do you have any dietary restrictions? ____ ____
Please list in Section IV.

r. Do you tend to experience motion sickness due to travel by car/bus; boat/ship; airplane? ____ ____
(circle the types of transport that tend to cause sickness)

s. Describe your swimming skills: Poor Fair Good Expert

Please list special safety skills you may possess such as EMT, CPR, First Aid, Lifeguard Certification:

_____

t. Have you had any of the conditions listed below? Please give date and describe treatment, if any, in section IV.

	Yes	No		Yes	No
1. Anemia	___	___	9. Kidney infection	___	___
2. Asthma	___	___	10. Other kidney disease	___	___
3. Heart murmur	___	___	11. Chickenpox	___	___
4. Heart palpitation	___	___	12. Measles	___	___
5. Rheumatic fever	___	___	13. Mumps	___	___
6. High blood pressure	___	___	14. German measles	___	___
7. Hepatitis	___	___	15. Malaria	___	___
8. Mononucleosis	___	___			

u. Is there other information we should know about your medical history or need for special services or support while you are abroad?

IV. PLEASE GIVE A SHORT EXPLANATION FOR EACH "YES" ANSWER IN SECTION III.
For example, if you were hospitalized within the past year, indicate the problem, the diagnosis if you know, if recovery has been complete, or if you are still under treatment. If you are still under treatment, your physician must complete Section VI.

IV B. Please list any prescription medications you are taking:

Name of medication	Condition it is prescribed for	Dosage (if known)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. IMMUNIZATIONS

This information should be obtainable from your physician.

	Date completed
a. Polio Sabin series	_____
b. DPT	_____
c. DPT booster within the past ten years	_____
d. Measles	_____
e. Mumps	_____
f. Rubella immunization or rubella titer	_____
g. Menomune	_____

VI. TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER

Student's name: _____ Program: Queensland, Australia

This student has been admitted to an academically challenging study abroad program in Queensland, Australia. **You are being asked to evaluate the physical and mental health of the above named student for safe participation abroad.** Living in unfamiliar srroundings such as those encountered by living abroad can create emotional and physical stresses that may exacerbate mild disorders.

Students who are studying in Queensland, Australia will often have access to a high level of medical care with modern medical facilities. Even with good access to care, however, culture shock, differences in diet, different cultural mores regarding alcohol and drug use may lead to exaggerated health problems.

At times, however, this program will take students to remote areas exposed to harsh environmental conditions with poor or limited water supply and away from immediate, full-service medical care. The ecosystems to which students will be exposed include desert, tropical rain forest, high (altitude) volcanic regions, and remote marine islands. Gastrointestinal problems may occur. Sun poisoning or disorders from overexposure to sun is not uncommon if students do not exercise appropriate pre-cautions. Individuals with certain medical conditions which can lead to electrolyte imbalance such as inflammatory bowel disease, diabetes mellitus and insipidis, as well as individuals on Lithium, would be at greater risk, as would persons with unstable seizure disorders, problem asthmatic patients, and individuals with cardiac disorders. Supervision of psychiatric conditions is not practical in many of these locations.

The physical challenges of this program are considerable. Students may need to walk up to 10 miles a day with a full pack, ascending altitudes as high as 2500 feet in one day. *Climbing, diving and carrying will be required*. In some cases, it may be possible for a student to remain behind if the demands of a particular site are too challenging for his/her condition. In these cases, provisions will be made for the student to complete an alternate assignment at a more suitable site where more extensive care is available.

Finally, MANY countries throughout the world limit or ban certain psychotropic drugs from entering their borders. If a psychotropic drug which is commonly used to treat conditions such as ADD, depression, bi-polar or obsessive-compulsive disorders is prescribed, please check whether this drug is permitted in the country for which the student is destined and that the quantity prescribed meets guidelines permitted by customs regulations.

If additional space is required, please attach report.

(Physician's/Health Provider's evaluation continued)

Diagnosis:

Medications and dosages:

Special diet or dietary restrictions:

Stability of condition over past two years:

PHYSICIAN'S STATEMENT (CONT'D)

Student's name: _____ Program: Queensland, Australia

Recommendations for the care of this individual:

Is this individual capable of participating in the above named study abroad program? Yes _____ No _____

If yes, are there particular activities or environments from which the student should be restricted? (describe)

Signature of physician or health care provider: _____

Name of provider (printed): _____

Address/telephone: _____

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