*Coker College Health Questionnaire and Disclosure*

For Study Abroad Trips

**The purpose of this form is to help Coker College assist you should the need arise during your time abroad. It is extremely important that you make us aware of any medical or psychological/psychiatric conditions, previous or current, that you may have so the trip leader(s) will be better able to respond to a health emergency if needed. Please keep in mind that your answers do not affect your status as a study abroad program participant.**

Trip and Trip Leader**:**

**1. Printed NAME:**

**2. Age at time of departure: Date of Birth:**

**3. Sex (circle one): M F Undisclosed**

**4. Social Security Number:**

**5. Home Address (Permanent Address):**

**6. Cell Phone Number**

**7: Email addresses: (1 or 2 please)**

**8. Parent or Next-of-Kin: Relationship to you:**

**9. Phone numbers of Parent or Next-of-Kin:**

**10. Address of Parent or Next-of-Kin:**

**11. Your usual or best known attending physician:**

**His or Her Office Location:**

**12. Immunizations up to date? Yes NO**

AUTHORIZATION AND CONSENT

I hereby agree that, while I am taking part in the Coker College study-abroad trip, in case of emergency, serious illness, or injury, the attending physician or whomever he or she may designate may undertake treatment, including operations and/or administration of necessary anesthesia, if in the judgment of the physician or designee it is necessary for healthcare reasons to proceed with treatment without delay. I stipulate that emergency treatment may be administered if I am unconscious. I further agree that the attending physician or whomever he or she may designate may evaluate and treat all other injuries or illnesses for which help is sought. In case of a minor (under 18 years of age) this treatment may proceed without prior notification of the undersigned parent or guardian, although every attempt will be made to notify the parent or guardian in the event of such an injury or illness. I also agree that needed immunizations may be administered. I further agree that any medical information may be released to or by other healthcare providers who may be providing care or who are knowledgeable of my medical history.

Student Signature and Date:

**Personal History:**

We strongly encourage you to answer all questions as honestly and completely as possible. Attach additional pages as necessary. Information from this form is strictly confidential. Students are required to self-disclose any medical information that will require treatment or assistance while abroad to the trip leader prior to departure. This disclosure is to be made only by trip participants and is necessary to insure the participant’s safety and safety of the group.

Please be advised that Coker College and/or the study abroad site may not be able to accommodate all individual needs or requests for assistance. You are responsible for assessing your own health and medical requirements for activities abroad. We strongly recommend that you discuss your medical and mental health needs with your medical provider(s).

**1. Describe any chronic medical conditions that you have, even if controlled by medication. Describe any accommodation or assistance you may need.**

**2. Describe any psychological conditions that you have, even if it is currently controlled by medication. Describe any accommodation or assistance you may need.**

**3. Describe any health conditions or physical conditions that could affect your participation in the program or limit physical activities. State any requests for accommodation or assistance in this regard:**

**4. Do you need any other assistance or accommodation? Please describe here:**

**5. List any prescription medication that you are taking and dosage schedule. What is the purpose of the medication? Please note that any prescription medication must be carried in its original bottle or container, with proper pharmaceutical notation.**

**6. List allergies and what happens if you come into contact with the allergen:**

**7. Do you have special dietary restrictions? Please describe:**

**I certify that I have provided Coker College with accurate answers to this health questionnaire for my participation in the Coker College Study Abroad Program.**

**Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**