



ECSU Student Medical History Form for Global Field Course Program

Last Name (please print): _____	First Name: _____
Student ID#: _____	
Global Field Course Program: _____	
Dates of Travel: _____	

Physician's Name: _____
 Physician's Address: _____
 Street _____
 City _____
 State _____
 Zip _____
 Physician's Phone: () _____ - _____

Blood Type: _____
 Height: _____
 Weight: _____

Your candid responses to the questions following will help Eastern Connecticut State University assist you in safeguarding your health while you are abroad. This information is not a criterion for selection. However, please be aware that facilities or services in your host country may not be comparable to those in the U.S. In order to provide you with relevant information about the services of your host country, it is in your best interest to *complete this form thoroughly and accurately*. Your responses will held in strict confidence by Eastern Connecticut State University and will be shared only with medical personnel if consultation is necessary.

If you answer YES to any of the following questions, please provide details of the condition and the treatment you received or are continuing to receive on a blank sheet of paper. Write the number of the question beside each response. Please contact us if any conditions or treatments change before the start of your program.

- 1) Are you currently under medical treatment? NO YES
- 2) Do you have any chronic medical conditions (e.g. Asthma, Diabetes, etc.)? NO YES
- 3) Do you have any allergies (animals, food, environment, medication, etc.)? NO YES
- 4) Have you had any diseases or significant injuries within the last five years? NO YES
- 5) Have you had any surgical operations or been advised to have any? NO YES
- 6) Are you currently taking any medication? NO YES if yes, please list
- 7) Do you have any dietary restrictions or preferences (e.g. vegetarian, diabetic, food allergies, etc.)? NO YES
- 8) Have you been treated in the last 24 months for a mental, emotional or nervous disorder or depression? NO YES
- 9) Do you or have you ever had an eating disorder? NO YES
- 10) Do you have a history of drug or alcohol abuse? NO YES
- 11) Are you currently under treatment for drug or alcohol abuse? NO YES
- 12) Do you have any physical impairment, learning disability, or other condition that might restrict your mobility or require special facilities or assistance while abroad? NO YES
- 13) Are you pregnant or do you have any reason to suspect that you might be? NO YES
- 14) Do you have any Neurological disorders (epilepsy, multiple sclerosis, etc.)? NO YES
- 15) Have you ever been treated for cancer, tumor or other malignancy? NO YES
- 16) Do you have an immunodeficiency disease (AIDS, Lupus, Scleroderma, etc.)? NO YES
- 17) Do you have diabetes? NO YES
- 18) Do you have frequent or severe attacks of hayfever, allergy or difficulty breathing? NO YES
- 19) Do you have a history of blackouts or fainting (full/partial loss of consciousness)? NO YES
- 20) Do you frequently suffer from motion sickness (carsick, airsick, etc.)? NO YES
- 21) Do you have a history of bleeding or other blood disorders? NO YES
- 22) Do you sleepwalk? NO YES
- 23) Do you smoke? NO YES
- 24) Do you have any other health condition that might limit your participation in this program? NO YES

Authorization Statement

I hereby authorize the release of information from my medical history upon the request of Eastern Connecticut State University. I further authorize the release of information by Eastern Connecticut State University to its administrative centers and to cooperating or affiliated foreign institutions. I certify that the information on this Medical History Form is true and correct, and I will notify Eastern Connecticut State University hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this information will be used only for the purposes for which it was prepared.

I hereby release and forever discharge Eastern Connecticut State University, its officers, agents, and employees from all claims, rights, demands, actions, obligations, and causes of action of any and every kind, nature and character, whether known or unknown, which I may have arising from or in any way connected with the rendering or provision of medical care or services or treatment on my behalf while living abroad as a participant in Eastern Connecticut State University's Global Field Course Program and I hereby agree to hold harmless it's officers, agents, and employees from any liability resulting from or arising in connection with the rendering or provision of medical care or services or treatment on my behalf while living abroad as a participant in the Eastern Connecticut State University Global Field Course Program.

STUDENT SIGNATURE

PHYSICIAN'S SIGNATURE

Rev: 10/10