



Due date: \_\_\_\_\_

***Intercultural Programs***

**Health History, Medical Permission & Emergency Information**

**INTERCULTURAL PROGRAM LOCATION** \_\_\_\_\_ **TERM/YEAR** \_\_\_\_\_

***PERSONAL INFORMATION***

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_ EMU ID #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Emergency Contact Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

In case of emergency, alternate contact (if no answer above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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***INSURANCE INFORMATION\****

Primary Health Insurance: \_\_\_\_\_

Policy/Subscriber #: \_\_\_\_\_ Group #: \_\_\_\_\_

***\*All Intercultural participants traveling outside the US will be enrolled in travel and medical insurance through iNext/IMG for the travel dates. Coverage includes emergency medical services, personal property loss and evacuation services. Cost of coverage is included in international program fees, and is paid by EMU Intercultural Programs.***

***Students submit documentation of required immunizations to EMU Health Services to update records.***

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***\* HEALTH INFORMATION***

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This form kept on file in Intercultural Programs. Files are removed upon completion of the travel program.

**HEALTH HISTORY and CURRENT HEALTH STATUS**

Please answer all questions accurately as possible. Use additional paper if needed. The information you provide below is confidential, to be reviewed only by leaders and Health Center staff.			
1. Allergies (be specific)	Yes	No	List:
• Foods (including nuts)			
• Medications (list)			
• Environment (grass, dust, mold, etc.)			
• Insect bites or stings			
2. Have you ever been evaluated or treated for:			
• Head injury or concussion			
• Substance abuse (including drugs, alcohol, marijuana, etc.)			
• Eating disorder or digestive issues			
• Depression, anxiety and other mental health diagnosis			
• Neck, back or other joint problems or injuries			
• Epilepsy or convulsions			
• Recurrent kidney or bladder infections			
• Unrepaired Hernia			
• Appendicitis			
• Heart issues or high blood pressure			
• Skin problems (i.e. eczema, psoriasis, fungus)			
• Endocrine issues (diabetes, thyroid etc.)			
• Autoimmune disorder			
4. Do you have a health condition that limits your physical abilities?			
5. Are you under the care of a counselor, psychologist or psychiatrist?			
6. Are you seeing a Physician/Nurse Practitioner on a regular basis? If yes, condition and type of treatment.			
7. List all current medications or supplements.			

**Please read and sign.**

*I understand that information withheld or incomplete relieves EMU from all medical and legal liability and may also disqualify me from participation in this intercultural experience. I understand EMU reserves the option to dismiss a student whose mental or physical health requires care or supervision which cannot be adequately provided on site with the seminar group.*

*I authorize the release and exchange of physical and mental health information including record of immunizations as may be pertinent to participation in this intercultural experience between the EMU Health Center, EMU Counseling Services, the faculty leaders and the EMU Intercultural office.*

*In the event of sickness or injury, I hereby authorize the EMU intercultural leader to secure whatever treatment is deemed necessary, including the administration of an anesthetic and surgery or similar invasive procedure.*

*I accept full financial responsibility for any medical costs, not covered by insurance, incurred during the intercultural program.*

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 Signature

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 Date