EMU

Due date:

Cross-Cultural Programs

Health History, Medical Permission & Emergency Information

CROSS-CULTURAL LOCATION_____**TERM/YEAR**_____

PERSONAL INFORMATION

Name: _____Birth date: _____ Age: _____

School Address: _____Phone: _____ EMU ID #: _____

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____ Parent's E-Mail: _____

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

Name: _____Relationship: _____Phone: _____

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INSURANCE INFORMATION

_____ I have insurance from ISIC* _____ I have other insurance (complete details below)

Insurance Company: _____

Policy/Subscriber #: _____ Group #: _____

Cross-cultural students traveling outside the US must carry the International Student ID Card (ISIC) with Premium coverage OR *document comparable coverage for travel and health insurance.

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HEALTH INFORMATION

Physician Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

This form is kept in the Intercultural Programs Office. Upon completion of the seminar students may request removal of these files.

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

Please read and sign. If you are under 21 a parent or guardian also needs to sign.

I/we understand that information withheld or incomplete relieves EMU from all medical and legal liability and may also disqualify me from participation in this cross-cultural 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/we authorize the release and exchange of physical and mental health information including record of immunizations as may be pertinent to participation in this cross-cultural experience between the EMU Health Center, EMU Counseling Services, the faculty leaders and the CC office.

In the event of sickness or injury of my daughter/son/ward/spouse/self, I/we hereby authorize the EMU cross-cultural leader to secure whatever treatment is deemed necessary, including the administration of an anesthetic and surgery or similar invasive procedure.

I/we accept full financial responsibility for any medical costs, not covered by insurance, incurred during the cross-cultural program.

_____ _____

Student signature *Date*

_____ _____

Parent/guardian signature *Date*