MEDICAL BACKGROUND

Please answer all questions openly and honestly. While it may be difficult to share health information, completion of this form enables us to better prepare for your participation in your Sol Education Abroad program. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that we are aware of any medical or emotional problems, past or current, which might affect you abroad.

You MUST disclose all medical information that is pertinent to your condition and to your study abroad.

Sol Education Abroad will do its best to assist you, but may not be able to accommodate all individual needs or circumstances. This form is a confidential document and any and all information you provide will be disclosed only as necessary to provide for your health and well-being in the event you become injured or ill. All information will be kept confidential in accordance with HIPAA (Health Insurance Portability Accountability Act of 1996.) Visit www.hhs.gov/policies/#hippa for more information.

Where needed, please attach additional information if there is not enough space on this form or if you have additional documentation that should be kept with your file.

Personal Information:

Name: ________________________________ Gender: Male Female

Age: ________________________________ Birth date: ______________

Personal and Family History:

Have you had a major surgery? YES NO
If yes, please describe.

Medications:
In the past 6 months have you begun taking any medications or changed the dosage of medications you routinely take? (Include prescription, herbal, over-the-counter). YES NO

If **YES**, please list below any prescription medications that you take including the dosage, frequency of medication, and include your plan for continued use while abroad. **Please note** that in some countries it is not possible to fill prescriptions written in the US or to receive medications through the mail. You should talk with your physician or contact your insurance provider to make the appropriate plans to make sure you have enough medication during the program.

Medication Allergies / Other Allergies
Please describe any medication allergies or other allergies you have. If YES, please name and describe.

Medication Allergies: YES NO
If yes, please describe:

Initial: _______________

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MEDICAL BACKGROUND

Food allergies: YES NO
If yes, please describe:

Insect/animal allergies: YES NO
If yes, please describe:

Other allergies: YES NO

Physical Injury / Disability:
Do you have a physical disability or any physical injuries? YES NO
If YES, please explain.

Health Issues that May Affect Participation:
Will your participation in full-time academics or other program elements be limited in any way because of health issues or special needs requirements? YES NO
If YES, please explain.

Chronic Medical Conditions:
Do you have any chronic medical conditions (epilepsy, diabetes, asthma etc.) YES NO
If YES, please explain.

Learning Disabilities:
Do you have any learning disabilities or anything that affects your learning? (dyslexia, ADD, etc.)?
If YES, please explain. YES NO

Psychiatric Conditions:
Have you been diagnosed with, received outpatient treatment for, or been hospitalized for any psychiatric conditions? (depression, eating disorders, substance abuse, anxiety, etc.) YES NO
If YES, please explain.

Initial: _______________

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SOL EDUCATION ABROAD

MEDICAL BACKGROUND

Are you presently seeing a counselor or other medical professional for emotional, psychological, or other problems that will require on-going treatment abroad? YES NO
If YES, please explain.

Swimming Ability:
Please rate your swimming abilities. For most of our programs there are opportunities to swim or be in the water. In order to ensure your safety, please CIRCLE what best describes your ability:

Don´t know how to swim Beginner Intermediate Advanced

Additional Information:
Is there any additional information that would be helpful for us to be aware of during your study abroad period?
If YES, please explain. YES NO

Travel Precautions, Immunizations and Vaccinations:
While there are unavoidable risks in study and travel, there are also precautions that can be taken. Sol Education Abroad follows the guidelines set by the US Department of State, which posts travel alerts and warnings online at http://travel.state.gov. While there are likely no immunizations and vaccinations required for your study abroad experience, we recommend that you are current with vaccinations for Tetanus, Meningitis, Measles, Mumps and Rubella. For more information on required immunizations and vaccinations, please visit the Center for Disease Control at www.cdc.gov or the World Health Organization at www.who.int

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Family Doctor:

Name: ________________________ Phone: ______________________

Emergency Contact:

Name: ________________________ Relationship: _________________

Cell Phone: ______________________ Work Phone: _________________

EMAIL: _________________________

City: ________________ State: ______

Confirmation of Accuracy of Information:

Initial: ______________

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SOL EDUCATION ABROAD

MEDICAL BACKGROUND

I hereby certify that the information provided in the Medical Background Form is complete and accurate. I agree that if any substantial changes should occur in my medical and/or emotional health prior to and after my departure for my study abroad program, I will inform Sol Education Abroad in writing immediately.

Release of Medical Information:
I hereby authorize Sol Education Abroad and its duly authorized representatives to release, in accordance to HIPAA standards, during my participation in the program, personal information concerning my physical and/or emotional health to my parent(s) or legal guardian(s), and to individuals assisting with medical communications for Sol Education Abroad.

Declaration:
I understand that Sol Education Abroad will do its best to accommodate my needs, although not all accommodations may be possible. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation **INCLUDING expulsion from the program.**

______________________	______________________	__________
Print Student Name	Student Signature	Date

☐ CHECK THIS BOX IF YOU ARE 18 YEARS OR OLDER. If you are not, please have your parent sign below.

______________________	______________________	__________
Print Parent Name (if student under 18)	Parent Signature	Date

Initial: ______________

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