

**Wake Forest University
Health Form for Participation in Study Abroad/Study Away**

Program Name: _____ Semester or Term Abroad/Away: _____

Last: _____ First: _____ Middle: _____

Birth Date: _____ Marital Status: _____ Sex: _____

Health Insurance Information (Required):

Do you have a health insurance policy that will provide coverage in the country to which you are travelling?

Yes No*

*If your current health insurance policy does not provide coverage while you are abroad, then you must purchase health insurance specifically for that purpose. Medical evacuation and repatriation coverage is recommended. See the Center for Global Programs & Studies (GPS) for additional information.

NOTE: Students participating on WFU study abroad programs are automatically enrolled in an international health insurance plan and may check “Yes” above.

Authorization and Consent:

I hereby agree that the attending physician or whomever he or she may designate may undertake treatment, including operations and/or the administration of necessary anesthesia, in serious or major illnesses or injuries without prior notification of the undersigned or any other person, and without obtaining consent of the undersigned or any other person, if in the judgment of the physician or designee it is necessary for health care reasons to proceed with the treatment without delay. I further agree that the attending physician or whomever he or she may designate may evaluation and treat all other injuries or illnesses for which help is sought. In the 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 health care providers who may be providing care or who are knowledgeable of my medical history.

- Are you capable of participation in a full program of activities? Yes No
- Are you under treatment with medication for any medical or emotional condition? Yes No
- Is there anything additional about your health that we should know? Yes No
- Do you have a disability that may require an academic or another type of accommodation to enable you to participate in this program? Yes* No

***If “Yes” to the previous question, then contact WFU Learning Assistance Center & Disability Services (LAC-DS), 118 Reynolda Hall, (336) 758-5929, to make your accommodation request.**

HAVE YOU HAD?	Yes		HAVE YOU HAD?	Yes
Allergy to:			Surgery or serious injury	
Penicillin			Chronic medical condition	
Sulfonamides			Vision, corrective lenses	
Peanuts			Cancer	
Bees/wasps			Heart disease	
Other - specify below:			Serious head injury	
			Hepatitis B	
Infectious mononucleosis			Hepatitis C	
Tropical disease – specify below			Kidney Disease	
			Neurological disorder	
Chicken pox/Varicella			Depression/anxiety	
Respiratory disorders including asthma			Other psychological problem	
High blood pressure			Seizure disorder	
Diabetes, thyroid, endocrine problems			Organ loss	
Stomach or intestinal disorders			Other conditions - specify below:	
Blood disorders including anemia				
Headaches/migraines				
Menstrual cycle disorders				
Current prescription medicines – list below:				
Current vitamins or supplements – list below:			Current non-prescription medicines – list below:	

Other Comments:

Signature of Student _____ Date _____

****NOTE:** For semester study abroad students: Completing this form **does not** fulfill your requirement to enroll in or waive the student health insurance offered through Wake Forest. For more information, please visit www.wfu.edu/sip or call 336.758.4247**

Signature of minor's (under 18) parent/guardian _____ Date _____

Please return this form completed and signed to the WFU Center for Global Programs & Studies, 116 Reynolda Hall; or mail/email to:
WFU Center for Global Programs & Studies, P.O Box 7385, Winston-Salem, NC 27109; email: gps@wfu.edu