

SELF-ASSESSMENT HEALTH FORM

FOR PARTICIPATION IN STUDY ABROAD/STUDY AWAY

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| LAST NAME | FIRST NAME | MIDDLE NAME | SEX |
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|-----------------------|-----------------------------------|
| MARITAL STATUS | DATE OF BIRTH (MM/DD/YYYY) |
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|---------------------|-------------------------------------|
| PROGRAM NAME | SEMESTER OR TERM ABROAD/AWAY |
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HEALTH INSURANCE INFORMATION (REQUIRED)

DO YOU HAVE A HEALTH INSURANCE POLICY THAT WILL PROVIDE COVERAGE IN THE COUNTRY TO WHICH YOU ARE TRAVELING? YES NO*

*If your current health insurance policy does not provide coverage while you are abroad, you must purchase health insurance specifically for that purpose. Medical evacuation and repatriation coverage is recommended. See the Center for Global Programs and 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 evaluate 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 CURRENTLY 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

> If YES, then explain here: _____

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, then contact WFU Learning Assistance Center & Disability Services (LAC-DS), 118 Reynolda Hall, (336) 758-5929, to make your accommodation request.

PERSONAL HISTORY

HAVE YOU HAD? PLEASE CHECK ALL THAT APPLY.

- Infectious mononucleosis
- Chicken pox/Varicella
- Respiratory disorders, including asthma
- High blood pressure
- Diabetes, thyroid, or endocrine problems
- Stomach or intestinal disorders
- Blood disorders, including anemia
- Headaches/migraines
- Menstrual cycle disorders
- Surgery or serious injury
- Chronic medical condition (please specify):

- Neurological disorder
- Depression/anxiety
- Seizure disorder
- Organ loss (please specify):

Tropical disease (please specify):

Other (please specify):

- Vision, corrective lens
- Cancer
- Heart disease
- Serious head injury
- Hepatitis B
- Hepatitis C
- Kidney disease

ALLERGY TO:

- Penicillin
- Sulfonamides
- Peanuts
- Bees, wasps
- Other (please specify):

LIST CURRENT PRESCRIPTION MEDICATIONS: _____

LIST CURRENT VITAMINS OR SUPPLEMENTS: _____

LIST CURRENT NON-PRESCRIPTION MEDICATIONS: _____

ADDITIONAL REMARKS

SIGNATURE

i 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 PARTICIPANT

DATE

FOR MINORS UNDER 18: SIGNATURE OF PARENT/GUARDIAN

DATE

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