



**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):  
\_\_\_\_\_

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

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

Tropical disease (please specify):  
\_\_\_\_\_

Other (please specify):  
\_\_\_\_\_

**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](http://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: [studyabroad@wfu.edu](mailto:studyabroad@wfu.edu)**