



UMAIE MEDICAL HEALTH QUESTIONNAIRE FORM

The purpose of this form is to determine your health history and any special medical needs you may have when you study abroad. Information provided will be treated confidentially. This form will be forwarded to your Faculty Director for the purpose of serving you as promptly and correctly as possible, should you require medical or counseling services during your term abroad.

To Be Completed By Applicant

Name (Please print as it appears or will appear on passport)	Student ID Number	Height	Weight	Gender F M
Course Name				
Are you generally in good physical condition? <input type="checkbox"/> Y <input type="checkbox"/> N	If no, please explain.			
Are you currently being treated for any medical/physical condition? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, please explain.			
Are you a diabetic? <input type="checkbox"/> Y <input type="checkbox"/> N	Have you ever had epilepsy or other seizure disorders? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you have asthma? <input type="checkbox"/> Y <input type="checkbox"/> N		
Do you have a heart condition? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you have or have you had any eating disorders? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, please explain.		
What diseases have you had in the past five years (if any)?				
Have you ever been treated for any emotional disorder? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, please describe.			
Do you have any allergies to foods, medications, environmental factors, insects, etc? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, what is the allergen and what happens when you come in contact with it?			
Are you taking any medication? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, please describe.			
Do you anticipate needing any health care or counseling while abroad? <input type="checkbox"/> Y <input type="checkbox"/> N	If so, please describe.			
If there is any additional health information that would be helpful for the Faculty Director to be aware of during the study abroad experience, please describe on the back side.				
Applicants cell phone number _____				
Emergency Contact Name _____ Relationship _____				
Home Phone _____ Work Phone _____				

Medical Insurance

All students are required to be covered by a medical insurance policy while they are abroad. Please check your insurance company to see if your benefits extend to your stay abroad.

I am insured for any medical expenses which may incur while I participate in the UMAIE Program. This policy is with:

Insurance Company _____ Policy Number _____

I certify that all responses made on this Medical Report form are true and accurate, and I will notify my campus UMAIE Board Member hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this form is for information purposes only and in no way implies that UMAIE takes responsibility for my health.

Student Signature _____ Date _____

I hereby authorize the UMAIE Faculty Director to procure all necessary medical assistance while my son/daughter participates in this course and authorize any competent medical person to do all things reasonably necessary to treat any injury or illness which occurs during this course. I understand my son/daughter will be financially responsible for any medical treatment he/she receives.

Parent Signature _____ Date _____

(unless student is over 18)