

**Medical Information**

**Student's Name:** \_\_\_\_\_

**Program/Country/Term:** \_\_\_\_\_

*Please have your medical provider answer the following questions on these two pages and sign and date below:*

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This student has been accepted into a Center for Global Education abroad program. In the interest of the student's safe and successful participation, we would appreciate your cooperation in answering the following questions and adding any information that you feel is relevant to the student's ability to participate in the study abroad program. This information will remain confidential and will be provided only to the Center for Global Education in New Brunswick, the onsite Program Director, and those with a need to know for the purpose of providing any necessary accommodations or in the event that medical attention is necessary.

- 1. Does the student have any dietary restrictions or known allergies (e.g., food, medication, etc.) that the program should be aware of in the event of an emergency?**

Yes      No

If yes, please describe below (including information about the severity of the allergy). (Please attach additional sheets if necessary)

- 2. Is the student taking any medications, or will the student be taking any medications while abroad, that the program should be aware of in the event of an emergency? (please note that the availability of medications varies by country and this should be researched before going abroad)**

Yes      No

If yes, please list the medications and describe what they are used for. (Please attach additional sheets if necessary)

- 3. Are all routine immunizations up to date?**

Yes      No

If no, please list the immunizations that the student should receive.

**4. Is the student currently being treated, or has the student been previously treated for any chronic or serious medical condition (e.g., diabetes, asthma, congenital disorder, cancer, eating disorder, psychiatric illness, etc.)?**

Yes      No

If yes, please describe below and include any ongoing treatment that the student is receiving and may need to continue while abroad. (Please attach additional sheets if necessary)

**5. Does the student require accommodations to a disability to enable her/him to participate in this program?**

Yes      No

If yes, please describe below. (Please attach additional sheets if necessary)

**6. Foreign travel and study abroad necessarily involve stress due to exposure to different cultural and physical environments, as well as the potential for possible experience with a medical and healthcare situation different from that found at home. Is there any additional information that would be helpful for the program to be aware of during this student's study abroad experience (please check the relevant box)?**

No medical contraindications were identified during this examination that preclude this student from participation in the study abroad program.

No medical contraindications were identified during this examination that preclude this student from participation in the study abroad program. However, based on the student's disclosed history and today's physical exam, further evaluation through CAPS or an outside mental health/counselling provider is **required** to evaluate this student's ability to safely and successfully travel abroad.

Medical Provider's Name (Please print.): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit completed form to:**

Center for Global Education  
102 College Avenue  
New Brunswick, NJ 08901  
fax: 732/932-8659