



STUDENT HEALTH/EMERGENCY TREATMENT AUTHORIZATION

Office of Study Abroad – 109 International Center – East Lansing, MI 48824-1035

Congratulations on your acceptance into an MSU-sponsored study abroad program. We want to help make this a safe and healthy experience. The purpose of this form is to help the Office of Study Abroad and the University Physician provide appropriate assistance to you should the need arise during your study abroad experience.

It is important that we be aware of any medical problems (past or current), including mental health conditions, which might affect your ability to participate in an MSU study abroad program. This information will be kept confidential in accordance with the law. Any disclosure of such information will be made only to appropriate individuals, and handled with the highest level of discretion in order to protect student privacy. Relevant information will be shared with program staff, leaders, or appropriate professionals as it relates to your health and safety. Failure to disclose significant health issues may result in dismissal from the program.

Health tests may be required prior to departure in certain circumstances.

Name: _____ MSU PID #: _____
Last First

Sex: F M Date of birth: ____/____/____ Citizenship: _____
Month/Date/Year

E-mail address: _____

Current address: _____
Street address City State Zip

Local phone: _____ Cell phone: _____ Work phone: _____

Name of the study abroad program: _____

Country/countries of the program: _____

Exact dates of the program (e.g. 9/2/08 to 12/20/08): _____

This information is required to coordinate treatment in the event of a medical emergency. **Answer "N/A" if not applicable**

ALLERGIES

Medication allergy: _____ Reaction: _____ Treatment, if exposed: _____

Food or environmental allergy: _____ Reaction: _____ Treatment, if exposed: _____
(foods, dust, chemicals, household items, pollen, bee stings, etc.)

NOTE: If you have **dietary restrictions or limitations**, we strongly recommend you discuss them with your program leader or the Office of Study Abroad Coordinator.

MEDICATIONS

Please list any medicines you are taking on a daily, regular, or as needed basis and indicate how often and why each medicine is taken. (See "Health Recommendations and Information" in the Study Abroad Student Handbook for information regarding transportation and use of your medication abroad.)

Name of Medication: _____ How often taken: _____ For what condition?: _____ Length of time treated (approx.): _____

NOTE: Participants must bring an adequate supply of medications that are required on a daily or routine basis, in their original bottles, when traveling abroad. We suggest you bring a copy of all prescriptions while traveling.

ADDITIONAL HEALTH CONDITIONS

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your participation in this program?

Yes No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

<u>Condition(s)</u>	<u>How often do you have symptoms?</u>	<u>Plan for managing this condition while traveling</u>

DISABILITIES

Are you registered with the Resource Center for Persons with Disabilities (RCPD)? (If you think you may be eligible, contact RCPD at (517) 353-9642.)

Yes

(If yes, please discuss your plans to study abroad with your RCPD specialist so you might increase your options abroad.)

No

Do you have a disability that will require accommodations while abroad?

Yes

(If yes, you must register with RCPD and meet with RCPD staff to complete a "Study Abroad Disability Accommodation Request Form." This must be done in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability or request accommodations in a timely manner, MSU may not be able to assess and accommodate your needs.) More time, ideally one year in advance of your departure, is needed for more significant accommodation requests.

No

HEALTH AND EMERGENCY AGREEMENT

I authorize the release of information contained in this *Student Health/Emergency Treatment Authorization* form for access and review by the MSU Office of Study Abroad Acting Director, International Analyst for Travel Health, Safety and Security, the appropriate health professionals in the MSU Travel Clinic, and the insurance provider. I understand this form will be kept at the MSU Travel Clinic. I understand that if I have not turned in this form in a timely manner, there may be insufficient time for the MSU Travel Clinic to review this information. If further medical information is required, I understand that I will be contacted by a health care professional in the MSU Travel Clinic who will ask for a specific release to my treating health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the MSU Office of Study Abroad program coordinator, the program leader, host family, and the host institution's resident director, and I will be informed of this communication.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize Michigan State University, through its representatives, to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the MSU Study Abroad insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Michigan State University or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, Michigan State University may notify my emergency contacts listed on the Study Abroad Application.

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated *Student Health/Emergency Treatment Authorization*. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this study abroad program is contingent on receipt by the MSU Office of Study Abroad of this completed and signed form.

Participant Signature: _____ Date: _____

If you have any questions regarding medical problems, immunization requirements, or other health issues, call the MSU Travel Clinic at 353-3161 at least 45 days prior to departure.