Short-Term Study Abroad Programs

Self-Disclosure Medical & Dietary Report

The purpose of this form is to assist the faculty leaders and chaperones of Pacific University's overseas study programs and/or International Programs staff in serving a student or non-student travel program participant as promptly and correctly as possible should the student require medical care during the period abroad. This form is to be completed by the participant.

Student Information

Last Name	First Name(s)	Middle Name(s)	Pacific Student ID Number

Overseas Study Course Program Name	Date of Birth	Blood Type

General Health

❒ Excellent ❒ Good ❒ Fair ❒ Poor

What, if any, major diseases, ailments, or injuries have you experienced in the past five years?

Do you have any medical and/or diagnosed psychological conditions that the faculty leaders of the program should be aware of? (i.e., diabetes, asthma, etc.)

❒ No ❒ Yes *(if so, what condition?)*

If your answer to the above question is yes, what (if any) medication(s) do you require?

This travel opportunity may require you to be able to function in specific physical ways. Do you understand those functions? Can you function successfully in these ways? If not, then participation may be impossible. Any possible accommodations must be discussed before participation in this travel component can be allowed.

Are you a vegetarian?	Are you currently on a restricted diet?
❒ No ❒ Yes	❒ No ❒ Yes *(if so, please describe)*

Do you have any allergies? If so, what medications, if any, do you require?

❒ No ❒ Yes

Are you on medication of any kind?

❒ No ❒ Yes *(if so, please specify)*

Please use the following space to provide us with any other pertinent medical or health information.

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Health Care Provider Information (where you receive regular health care & prescriptions

Health Care Provider Name		Name of Provider's Office, if any (i.e. Portland Family Clinic)	
Street Address	City	State	Zip Code
Telephone Number		Fax Number	

Health Care Provider Statement

This section must be completed **only** if the participant has any ongoing health problems or takes any medication regularly.

I, _____ submit that _____
(practitioner's name) (student's name)
is physically and emotionally able to participate in a Pacific University overseas study course.

Signature: _____ Date: _____
(signature of M.D., N.P., P.A.)

Consent to Disclosure of Information

I understand that my disclosure of this information is voluntary, and that the program leader(s) or Office of International Programs staff may release this information to others in a medical emergency or other situation where the release of this information seems prudent and responsible.

Name: _____ Signature: _____ Date: _____

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