

Georgia College & State University Student Information Sheet
 Please complete this form completely and accurately so that GCSU may provide
 the best support to you and your study abroad program.

Name: _____
 Date of Birth (MM/DD/YYYY): _____
 Country & Full Program Name: _____

Emergency Contact Information

Primary Contact Name: _____ Telephone: _____ Cell phone: _____ Email: _____ Relationship: _____	Secondary Contact Name: _____ Telephone: _____ Cell phone: _____ Email: _____ Relationship: _____
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Passport Information

Passport Number: _____ Country (if not US): _____
 Expiration Date (MM/DD/YYYY): _____

Medical Information

Doctor: _____ Phone: _____

Date Most Recent

Rabies:	Hepatitis A:	Hepatitis B:
Diphtheria:	Typhoid:	Diphtheria:
Tetanus Shot:	Other:	

NOTE: Depending on destination, only some of these may be recommended or required. See cdc.gov for more information.

If you answer yes to any of the following questions, please explain. *Use additional sheets if necessary.*

	Yes	No		Yes	No
Dietary Restrictions			Heart Disease		
Allergies (food or meds)			Blood or Bleeding Disorders		
Diabetes			Musculoskeletal Problems		
Asthma			Pregnant		
Visual Limitations			Prescribed Medications		
Surgeries			Over the Counter Medication		

Explanation: _____

Are you currently receiving, or have you recently received any **medical** or **psychological** care of which we need to be aware in case of an emergency? Please explain fully. _____

List any other **on-going physical or emotional conditions, including anxiety and depression, which might require treatment abroad**, or that might be exacerbated by changes in the environment, diet and exercise. What treatment is recommended? _____

NOTE: Carry all medications in original containers, together with a copy of the prescription for all prescribed medicines and corrective eyewear. Any medications requiring injection with needles will need a certificate from the prescribing physician in order to pass security at the airport.

Prescribed Medications: _____

NOTE: If you are currently taking Prescribed Medications, you must have the following section completed by your physician based upon an exam conducted within 6 months of the program start date.

Date of Examination: _____	
The program for which the student is applying may involve physical exertion including, but not limited to, extensive walking in the summer heat and exposure to the sun. The program will also require adjustment to different time zones, food and water. In your professional medical judgment, will this applicant's physical, mental or emotional condition or the prescribed medications in any way hinder his/her full participation in such a program? Circle one: NO YES	
Base on my medical examination of this Program Applicant plus the information s/he has supplied, I (circle one) DO DO NOT recommend this individual's participation in the above-identified study abroad program at Georgia College & State University.	
Please make any comments you deem pertinent to the applicant's ability to participate in the program. _____ _____ _____	
Physician's signature	Date
Address	Phone

CONSENT TO MEDICAL CARE AND TREATMENT

I authorize the program director to obtain and provide medical treatment and/or services that I may require during the study abroad program.
In addition, in an emergency I authorize the International Education Center to contact the persons I've listed on this Information Sheet.
To the best of my knowledge I have completely and accurately recorded all appropriate information regarding my medical and psychological health and ability to participate in the study abroad program. I understand that should an issue arise related to a pre-existing condition that I have not disclosed and should the program be unable to accommodate the unexpected needs, I may be sent home early at my own expense.

(Participant Signature in Blue Ink) **(Date)**

NO FAXED COPIES

The information on this form will be used only for the purposes of administering the study abroad program in which you are participating. It will be viewed only by International Education Center staff, your study abroad director, and, as necessary, Student Health Service personnel and medical professionals in your host country. Please complete this form and return it to the International Education Center (CBX 049 or Lanier 223).