

Voluntary Medical Disclosure Information Form

TO BE COMPLETED BY APPLICANT. Please type or print legibly.

Name: _____ MSU ID (M Number): _____ Today's Date: _____

Program: _____ Program Date: _____

Height	Weight	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Type
Are you generally in good physical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain.		
Do you anticipate needing any health care or counseling while abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.		

Are you currently being treated for any of the following?

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy or other seizure disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eating Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answer yes to any of these, please explain.

Do you have allergies to foods, medications, environmental factors, insects, etc.? Yes No
If yes, what happens when you come into contact with the allergen?

Do you have a physical or learning disability for which you will need accommodation while abroad? Yes No
If yes, please complete the Accommodation Request Form found at your online program checklist.

Have you ever been treated for an emotional disability or disorder? Yes No
If yes, please explain, including last date of treatment.

Do you have any other pre-existing condition your program director should be made aware of? Yes No
If yes, please explain.

Are you on a restricted diet (vegetarian)? Yes No

Are you currently taking any medication? Yes No
If yes, please list.

I will have enough medication for the duration of my program abroad. Yes No
I have checked with my primary insurance to see if I will be covered while abroad. Yes No

Have you had any surgery that has required metal pins or plates to be placed in your body? Yes No
If so, please understand that these could set off security alarms. As such, you should travel with a note from your doctor indicating where they are and why you have them.

I understand that it is my responsibility to be covered by medical, accident, and travel insurance for the duration of my program abroad.

Signature of Participant

Date

If you need additional space, please attach a separate sheet.

Should your medical profile change prior to program departure, please notify the Study Abroad Office.

Do Not Write on This Page

Review by Medical Faculty

Recommendations:

Signature

Date