Study Abroad Program
International Programs Office
Jackson State University

Medical and Health Questionnaire

The health and safety of all IPO-Study Abroad participants is important. The information you provide us will not be used in any way to determine your acceptance into a IPO Program. However, this form must be submitted to IPO along with your Confirmation Deposit in order for you to participate in the Program. Your truthful and complete response to every question will assist IPO staff in providing you with information regarding health services on-site. In addition, it will help IPO staff best advise you about the services your host institution and/or city may or may not have. Your responses will be held in confidence and provided to on-site staff and medical personnel as deemed necessary.

Please complete both sides of this form and return it along with your Confirmation Deposit.

Personal Information

Name: First _____Middle _____Last _____

Program City/Session: _____

Date of Birth: ____/____/____ City of Birth: _____ State/Province of Birth: _____
month/day/year

Country of Birth: _____ Gender: __Male __Female Social Security #_____-____-_____

Height: _____Weight: _____

Emergency Contact Information

Name: _____ Relationship: _____

Full Address: _____Email: _____
Number Street City State Zip

Day Phone: (_____)_____Evening Phone: (____)_____ Fax: (____)_____

Medical Information

Allergies (including medication allergies): _____

1) Have you sought professional medical treatment for any physical illness or problem during the past two years? If yes, please describe.
__ Yes __No

2) Are you presently taking any prescription medication on a regular basis? If yes, please describe.
__Yes __No

3) Do you have any physical impairment, learning disability or other condition which may require special assistance while you are abroad? If yes, please describe.
__Yes __No

4) Have you experienced any emotional or psychological problems (including eating and personality disorders) during the past two years? If yes, please describe.
__Yes __No

If yes, have you sought professional attention for the above problem?
__Yes __No

Are you currently under treatment for the above problem (including medical treatment). If yes, please describe.
__Yes __No

5) Any additional information you believe to be relevant.

Are you generally in good physical condition? If no, explain. __Yes __No	Are you currently being treated for any physical condition? If so please explain. __Yes __No
Have you ever had epilepsy or other seizure disorders? __Yes __No	Do you have a heart condition? __Yes __No
Do you have or have you had any eating disorders? __Yes __No	What diseases have you had in the past five years (if any)?

Liability Release

I (or if I am a minor, my undersigned parent or guardian) as an applicant for a program sponsored by the International Programs Office ("IPO"), a unit within JACKSON STATE UNIVERISTY ("JSU"), agree as follows:

1. I understand that I will be living and studying in a foreign environment which may create unexpected emotional and physical stress, exacerbating otherwise mild disorders. I agree that the information given above is correct. I acknowledge that by providing any false information or omitting any information, it may hinder me in obtaining appropriate medical care, services, or treatment.

2. **Authorization of Action by IPO**. If I am sick or injured while participating in a Program, I authorize any representative of IPO to take whatever actions they may consider necessary or advisable to secure any necessary treatment at my own (or my parents' or guardians') expense, including, without limitation, arranging for the administration of an anesthetic, surgery and/or transportation back to the United States. I agree to provide the name of an Emergency Contact whom IPO may contact should IPO deem it necessary. I understand that IPO, its employees or their affiliates are not responsible for any misrepresentations stated within this questionnaire.

3. **No Duty Assumed by IPO**: I acknowledge that the sole purpose of this medical questionnaire is to provide some information to IPO that might enable IPO to assist me in obtaining medical care. IPO is not responsible for obtaining medical care in behalf, nor ensuring that I receive medical care. I assume all responsibility for seeking and obtaining the medical care I deem necessary while participating in the Program.

4. **Release and Waiver**. I hereby release, discharge, waive, forgive, and agree to hold IPO, its members, managers, shareholders, directors, officers, employees, contractors, agents, representatives and affiliates (collectively, "Representatives"), and any institution serving as sponsor or host of a Program and it Representatives harmless against any and all claims, demands, causes of action, liabilities, debts, set-offs, amounts, judgments or damages to or loss of property, personal illness or injury, death, whether known or unknown, discovered or undiscovered, related to or arising out of my participation in a Program, my Program and unrelated travel, and any program or activity conducted by or associated with IPO, its employees, their affiliates, or any institution serving as sponsor or host of a Program or services related to a program.

Signature of Applicant _____

Guardian (if Applicant is under 18 year of age) _____Date_____

Program/Country_____

Program Dates (Including Pre-Departure Orientation) _____