

Applicant's Name _____
Student ID Number _____

Health Statement

Florida A & M University's Study Abroad Program

It is important that the university be aware of any medical or emotional problems, past and present, which might affect your study abroad experience. Even mild physical or psychological disorders can become serious in a new environment. The information will remain confidential with the program staff and allow us to provide maximum assistance in helping you adjust to the Dominican Republic. The office of International Services may not be able to accommodate all individual needs or circumstances. While this information does not directly affect your acceptance into the program, if pertinent concerns arise, you may be asked to provide a statement from your physician indicating your ability to participate.

1 Have you any dietary restrictions or known food allergies? ___No ___Yes. If yes, please explain.

2 List any physical disabilities or impairments that might cause hardship through change of environment.

If you are under medical care for this disability or impairment, explain the extent of the treatment.

3 Note any allergies to medicine. _____

4 What prescriptions drugs are you on and for what reason? _____

5 Describe any chronic or temporary medical condition (physical, psychological or emotional) which we need to be informed of which might impact on your study abroad experience.

In Case Of Emergency:

Contact Person (1) _____ Relationship _____

Home/Cell _____ Work/Cell _____

Address _____ City, State, Zip _____

Contact Person (2) _____ Relationship _____

Home/Cell _____ Work/Cell _____

Medical and Health Insurance Company _____ Policy # _____

Name of Policy Holder if other than student _____

Family Physician _____ Telephone _____

Address _____ City, State, Zip _____

I certify that the above information is correct. I have comprehensive medical coverage, which will continue in effect during this trip. Applicant Signature _____