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Lifestyles of the Mediterranean Summer 2020
Medical Information Form

*Once accepted into the program, please have your **medical provider** answer the following questions and sign and date below.*

Name of Applicant: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____
(Month/Date/Year)

The student has been accepted to the **RUTGERS, LIFESTYLES OF THE MEDITERRANEAN SUMMER 2020 STUDY ABROAD PROGRAM**.

- In the interest of the student's safe and a successful participation, your cooperation in answering the following questions and adding any information you feel is relevant to the student's ability to participate in the study abroad program is appreciated.
- The information provided will remain confidential and provided solely to the Program Director and those with a need to know for the purpose of providing any necessary accommodations or in the event that medical attention is necessary.
- Good health, both physical and mental, is crucially important to successfully study abroad. We appreciate your confidential and honest evaluation.
- For each answer, please provide detailed information. Please attach additional sheets if necessary.

State of general health: Good_____ Fair _____ Poor _____

1. **Does the student have any dietary restrictions or known allergies (i.e. food, medication, etc.) that the program should be aware of?** If yes, please describe below (including information about the severity of the allergy).

☐ Yes ☐ No

_____

_____

_____

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2. **Is the student taking any medication, or will the student be taking medication while abroad? (Please note the availability of medications varies by country and this should be researched before going abroad).** If yes, please list the medications and describe what they are used for.

☐ Yes ☐ No

_____

_____

_____

_____

3. **Are all immunizations up to date?** If no, please list the immunizations that the student should receive.

☐ Yes ☐ No

_____

_____

_____

4. **Is the student currently being treated, or has the student previously been treated for any chronic or serious medical condition (i.e. diabetes, asthma, other illness, etc.)?** If yes, please describe and include any ongoing treatment that the student is receiving and may need to continue while abroad.

☐ Yes ☐ No

_____

_____

_____

5. **Does the student require accommodations for a disability to enable her/him to participate in this program**? If yes, please describe below.

☐ Yes ☐ No

_____

_____

_____

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6. **Foreign travel and study abroad necessarily involve stress due to exposure to different cultural and physical environments, as well as the potential for possible experience with a medical and healthcare situation different from that found at home. Is there any additional information that would be helpful for the program to be aware of during this student's study abroad experience?** If yes, please describe below.

☐ Yes ☐ No

_____

_____

_____

Medical Provider's Name (Please print): _____

Address: _____ Phone: _____

Signature: _____ Date: _____

**** Please submit form via drop box on Sakai. ****