

Student Health Review

*** PLEASE PRINT ***

Name: _____ Phone: _____

Evergreen ID: _____ Birthdate: _____

1. Do you have any potentially life-threatening conditions we should be aware of? ____yes ____no

If yes, Please explain: _____

2. Per state law and college policy, you are required to have medical insurance when studying abroad.

Insurance Company: _____ 24-hour Phone: _____

Policy Number: _____ Medical ID Number: _____

Emergency procedure preferences, if any: _____

3. Medical History of Participant: Please answer the following questions to the best of your knowledge.

NO YES

☐ ☐ Are you taking any required medication? If yes, list the medication and dosage: _____

☐ ☐ Are you currently under the care of a physician, practitioner, counselor or psychologist at this time?
If yes, describe: _____

☐ ☐ Do you have any physical complaints, chronic illness, or psychological problems at this time?
If yes, describe: _____

☐ ☐ Have you had injuries in the past? (back, knee, shoulder, elbow, etc.)
If yes, describe: _____

☐ ☐ Are you on a special diet? If yes, specify: _____

4. Do you have or have you ever had:

NO YES

☐ ☐ Diabetes? If yes, list your insulin medication and dosage: _____

☐ ☐ Seizures?

☐ ☐ Asthma?

☐ ☐ Allergies? Please specify: _____

☐ ☐ Allergies to bee stings? Describe reaction: _____

☐ ☐ Do you carry medication? Describe: _____

5. Please specify any other medical conditions: _____

☐ I approve of emergency care for myself, or the above minor, under the direction of the event leader or consulting doctor, if I am unable to make my wishes known.

☐ I DO NOT wish to grant medical consent.

I have filled out this form to the best of my knowledge. I have consulted a physician if I have any medical risks. If traveling independently, I will keep a copy of this record with my important travel documents.

Signature: _____ Date: _____