

XXX COMMUNITY COLLEGE
MEDICAL REPORT FORM FOR STUDY ABROAD PROGRAMS

INSTRUCTIONS TO PROGRAM PARTICIPANT:

Please print legibly or type the information requested below. Your physician is requested to complete the remainder of the Medical Report and return it to you. Please ensure that the information on the Medical Report is complete and accurate, and return the Medical Report to the **College's WCCCSA Coordinator at least 4 weeks prior to your departure**. ALL INFORMATION PROVIDED ON THIS MEDICAL REPORT IS CONFIDENTIAL AND WILL NOT BE RELEASED EXCEPT AS AUTHORIZED BY THE PARTICIPANT, BELOW.

Full Name: _____

Male Female

Birth Date _____/_____/_____

U.S. Mailing Address: _____

Height: _____ Weight: _____ Country(ies) of travel: _____

List any allergies: _____

List any medications you are taking: _____

If on a restricted diet, please describe: _____

Have you ever been treated by a mental health professional or counselor for any mental, emotional, or nervous disorder or illness or addiction in the past five years? YES NO

If YES, please provide a brief description here: _____

Give all documentation pertaining to the mental illness/disorder to the physician completing this Medical Report. Your mental health professional's report will be kept confidential and will NOT be submitted to the College.

EMERGENCY CONTACT: _____ Relationship: _____

Mailing Address: _____

Tel: _____ E-mail: _____

WCCCSA Medical Form

- 5. Please identify any congenital malformation now existing that may require additional treatment and your medical recommendation for treatment below: YES NONE
- 6. Has participant ever suffered from asthma or other respiratory ailment? YES NO
- 7. Has the participant any infectious or contagious disease? YES NO
- 8. Has the participant ever had an eating disorder? YES NO
- 9. Is participant currently under treatment or observation for any physical or emotional condition? YES NO
- 10. Is there any history of emotional disturbance in the participant? For example, unusual difficulties in relations with authority figures or peers, significant mood swings, depression, severe sleep disorder, severe anxieties, fear, or guilt. YES NO
- 11. To your knowledge, are there any predisposing/preexisting medical, surgical, or emotional factors which may, under stress or duress encountered during the program, present a need for immediate therapy while abroad? YES NO

IF THE ANSWER TO ANY OF THE QUESTIONS ABOVE IS YES, PLEASE ELABORATE IN THE SPACE PROVIDED BELOW, REFERRING TO THE QUESTION ABOVE BY ITS NUMBER.

Print Physician's name

Physician's signature

Date

Office mailing address

Telephone

Fax