

BSU Study Abroad Programs Health Form

This form is intended to determine your health history and any special medical needs you may have while you study abroad. Information provided will be treated confidentially, and any information considered important will be forwarded to your faculty leader or the host institution for the purpose of serving you as promptly and appropriately as possible should you require medical or counseling services during your time abroad.

PLEASE PRINT

First Name, Last Name				
BSU Student ID Number		E-mail	Phone	
Age	Gender	Height	Weight	
Generally, are you in good physical condition?		If NO, please explain.		
YES	NO			
Are you currently being treated for any physical condition?		If YES, please explain.		
YES	NO			
Are you taking any medications?		If YES, please explain.		
YES	NO			
Do you have any allergies to foods, medications, environmental factors, insects, etc.?		If YES, please explain.		
Do you have or have you ever been treated for:			YES	NO
Asthma or other Respiratory Problems				
Cardiac problems				
Diabetes				
Neurological Disorders				
Psychiatric Disorders (including eating disorders)				
Other Problems (if YES, please explain below)				

I certify that all responses made on this Health form are true and accurate, and I will notify the Study Abroad Advisor hereafter of any relevant changes in my health that occur prior to or during the program. I understand that this form is for information purposes only and in no way implies that Bluefield State University takes responsibility for my health.

Student Signature: _____ **Date:** _____