



University of Georgia Confidential Health Record for Overseas Programs

After acceptance to program, please provide the information below that will help our staff overseas obtain medical assistance for you in the case of accident or illness. Language barriers and incomplete medical records can delay treatment. It is therefore important that you provide any information that might be relevant in a medical emergency. Also, it is important that while you are abroad you continue any medical treatment or medication that you are currently receiving. We recommend that you keep a copy of this form on your person at all times while traveling.

Study Abroad Program Name _____

Student Name _____ Student ID Number _____

Student Birth Date _____

Person to be Notified in Case of an Emergency

Name _____ Relationship _____

Phone: Home _____ Work _____

Address _____

E-mail _____

Are you currently receiving, or have you recently received any medical or psychological care of which you want us to be aware in case of an emergency? If so, describe fully.

List any other on-going physical or emotional conditions which might require treatment abroad, or that might be exacerbated by changes in the environment, diet and exercise. What treatment is recommended?

What medications are you taking on an ongoing basis? _____

Reminder: Bring enough medication to cover you for your time abroad plus one extra week.

What medications or other substances are you allergic to? _____

Are you on a medically restricted diet? If so, give details. _____

Do you have a physician who should be consulted in case of an emergency? If so, list name and phone number.

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