



The student should provide information in this box and give the form to his/her physician for completion.

Last Name: _____ First Name: _____

IHP Program: _____ Fall 20____ Spring 20____ Academic Year 20____-20____

Home Institution: _____ Date of Birth: _____

IHP Program Sites: _____

To the Examining Physician:

The International Honors Program (IHP) offers programs in all parts of the world, including rural areas of Africa, Asia, and Latin America. The above named student will study and travel to the countries noted on this form. Participation in the International Honors Program may be particularly stressful due to the extensive travel involved, which demands adaptation to a variety of geographic locations and cultures while keeping up with academic requirements. All students will be fully active in the local communities. Students stay with host families for extended periods of time in varying conditions of sanitation and proximity to Western-style health facilities and psychological services.

For these reasons, please consider carefully the student's physical and mental health in relation to the countries and the conditions in which he/she will be living. Please take into account the cumulative stress which the student may undergo.

Please review the student's history and complete this form. Please indicate whether any of the following medical conditions exist, only if they could interfere with the student's ability to successfully complete the overseas study program. If you answer YES to any of questions 1-7, or NO to questions 8-9, please provide details on page 2 or on a separate paper if necessary. This information is strictly for the use of the International Honors Program and will not be released without the student's consent.

1. Is the student seriously underweight or overweight?
 No Yes (explain)

2. Does the student have any physical disabilities which might be aggravated through change of diet, climate, or altitude; participating in hikes; carrying luggage; strenuous travel or stressful conditions?
 No Yes (explain)

3. Does the student have any dietary restrictions?
 No Yes (explain)

4. Does the student have any allergies? No Yes (explain)
Food: _____
Medicine: _____
Other: _____

5. Does the student have any emotional or psychological conditions or addictions? No Yes (explain)

6. Does the student have any pre-existing medical, physical or emotional conditions which, due to the stress of studying abroad, may require treatment while the student is abroad?
 No Yes (explain)

7. Is there any additional information concerning the student's medical conditions or disabilities of which IHP should be aware?
 No Yes (explain)

8. Is the student generally in good physical and emotional condition? No (explain) Yes

9. In your opinion, is this individual capable of participating in this study abroad program? No (explain) Yes

Please indicate your relationship to the student.
 Family physician
 College Physician
 Other. Please describe: _____
IHP does not accept reports completed by a parent-physician.

Physician's Authorization
I have received permission from this student to discuss issues with the International Honors Program pertaining to his/her health status and will furnish pertinent medical records upon request.
Physician's Signature: _____
Date: _____
Physician's Name: _____
Physician's Address: _____

Physician's Phone: _____
Physician's Fax: _____



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To the Examining Physician:

Physicians who wrote additional comments on **page 1** must complete **page 2** of this medical form. **Page 2** must be filled out completely by the person who treated or is treating the student.

IHP expects full medical disclosure of any health condition that could potentially be problematic for a participant. Please give as much detail as possible in answering the following questions. Please include appropriate relevant medical records and any information necessary for medical personnel overseas who might be treating this student.

1. Describe the relevant health condition. (For allergies, please indicate what this student is allergic to, his/her reaction symptoms, and any medications that should be administered to prevent or counteract the reaction.)

2. When did the student suffer or start suffering from this condition, how did it occur, and when was the student diagnosed? (Give specific dates.)

3. How was this condition treated and for how long? (Give specific dates, medications, etc.)

4. What is the current status of this condition? (Describe plans for testing or treatment.)

5. What is the prescribed plan in the event that this health condition becomes an acute/emergency situation overseas?

6. What are the limitations, if any, on this student's participation in an extremely emotionally and physically demanding overseas program?

