

Health Information Form

Japan Study

To be completed by the participant and submitted to the Japan Study Office, Due April 4th

Name _____
Program _____
Birth Date _____ **month** _____ **day** _____ **year** _____ **Gender: M** ___ **F** _____

The purpose of this form is to allow program staff to be as helpful as possible to you as you prepare for and experience your off-campus study program. Mild physical or psychological disorders have the potential to become serious under the stresses of life while participating on an off-campus program. It is extremely important that the International Programs Office be informed of any medical or emotional issues, past or current, which might affect you in a study abroad context. The International Programs Office also encourages you to discuss health issues with a health care provider prior to your participation in the program.

The information provided here will remain confidential and will be shared with the program staff, faculty or professionals only as pertinent to your well-being. In some cases, the International Programs Office may need information from physicians, health care providers or counselors. Should the need arise, you will be asked to sign a consent for release of medical information. The International Programs Office and the program may not be able to accommodate all individual needs or circumstances. Each program is different.

1. Do you have any allergies?

Animals	_____ yes	_____ no	Please specify _____
Foods	_____ yes	_____ no	Please specify _____
Insects	_____ yes	_____ no	Please specify _____
Medications	_____ yes	_____ no	Please specify _____
Tobacco smoke	_____ yes	_____ no	Please specify _____
Other	_____ yes	_____ no	Please specify _____

2. If you answered yes to any allergies, do you have a medical regimen for dealing with those allergies) such as medication, injections, avoidance of foods or animals, etc.) Please explain.

3. Have you had any of the following in the last ten years?

Surgeries	_____ yes	_____ no	Give year and type of surgery
Injuries	_____ yes	_____ no	Give year and type of injury
Diseases/Illnesses	_____ yes	_____ no	Give year and type
Hospitalizations	_____ yes	_____ no	Give year and reason
Trauma	_____ yes	_____ no	Give year and type

4. Are you currently taking or do you regularly take any medications? ___yes ___no
Please list and explain.

5. Are you on a special, restricted or medically prescribed diet? ___yes ___no
Please explain.

6. Have you ever been treated or are you currently being treated for any psychological or emotional disorders? ___yes ___no

Please indicate:

- ___ eating disorder
- ___ major depressive disorder
- ___ generalized anxiety disorder
- ___ bipolar disorder
- ___ schizophrenia
- ___ substance abuse
- ___ hospitalized for any mental health issue or substance abuse

7. Have you ever used or are you entitled to use disability accommodations at Earlham?

8. What medical, physical or emotional conditions do you have that currently limit your activities?

9. Please include any additional information concerning your medical, physical or emotional condition, particularly any pre-existing conditions.

Health Policy Agreement

I certify that all responses made on this Health Information Form are true and accurate. Failure to disclose complete and accurate information on the health form could result in dismissal from the program.

I agree to inform the International Programs Office of any changes in my health that occur prior to the start of the program. I will notify the Program Leaders of any changes in my health that occur after the start of the program.

I understand that, in the even of an emergency during the off-campus programs, the College reserves the right to notify my parent/s or guardians.

Signature of Participant _____ Date _____