# STUDY ABROAD MEDICAL REPORT FORM – SELF-EVALUATION

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<td>Program</td>
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<td>Term</td>
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To be completed by the applicant: Every item must be completed. If more space is needed than is available, please attach the information on a separate page.

A. I have experienced the following medical concerns (Please circle “yes” or “no”):

1. Heart Disease  yes no
2. Chest pain/pressure yes no
3. Heart Palpitations yes no
4. Unexpected sweating yes no
5. Shortness of Breath yes no
6. Dizziness/Fainting yes no
7. Muscle Cramps yes no
8. High Blood Pressure yes no
9. Asthma/Lung Disease yes no
10. Intestinal Disturbances yes no
11. Foot, Leg, or Back Irritation yes no
12. Vision/Hearing Impairment yes no
13. Diabetes yes no
14. Hepatitis or Jaundice yes no
15. Arthritis yes no
16. Altitude/Motion Sickness yes no
17. Eating Disorders yes no
18. Sleep Disorders yes no
19. Epilepsy/Seizure Disorders yes no
20. Mental Illness yes no
21. Headaches  yes no
22. Skin Irritation yes no

B. If you checked “yes” to any of the above, please explain in detail below:

______________________________________________________________________________

______________________________________________________________________________

C. Please list any prescription medications you currently are taking and the condition(s) for which they were prescribed:

______________________________________________________________________________

______________________________________________________________________________

D. Do you currently have any medical problems? Are you under the regular care of a physician or other health provider? Please explain.

______________________________________________________________________________

______________________________________________________________________________

E. Are you currently under the care of a psychiatrist, psychoanalyst, psychologist, or other mental health provider? If so, please attach a statement or letter from the medical specialist.

F. Does your health prevent you from participating in any physical activities? Please explain.

______________________________________________________________________________

______________________________________________________________________________

G. Have you been hospitalized in the past five years? Please explain.

______________________________________________________________________________

______________________________________________________________________________

H. Please list all allergies (medications, foods, insects, other agents, etc.) and describe their effects:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
If you require special support due to a learning disability, please describe your accommodations and attach a letter from Disability Services specifying the special support you receive on campus.

______________________________________________________________________________
______________________________________________________________________________

J. Below, list any dietary restrictions you have. Please explain and mention if you are a vegetarian, vegan, pescatarian, etc. Be sure to include an explanation of what you can and cannot eat according to your specific diet.

______________________________________________________________________________
______________________________________________________________________________

I hereby certify to The Study Abroad Office that I have fully informed Clark University of any previous and existing health, physical or psychological conditions which could hinder my participation in my intended study abroad program, and that I am solely responsible for my medical, psychological, and physical condition for the duration of my program. I am aware of any medical, psychological, and physical problems that would, in any way, impair my ability to participate in this program. Should any health problems arise during the course of my program, I am solely responsible for obtaining any and all medical care coverage for any such care, including, but not limited to, adequate insurance coverage for the cost and expenses of trip cancellation, evacuation, baggage loss or damage, trip interruption, travel accident/sickness, and medical care.

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12/12 Clark Application/Standard Forms