

Travel Abroad Programs  
George Fox University

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I authorize the George Fox University Health and Counseling Center to complete the bottom of this form based on my personal medical and or mental health records. This information should be released to (check one):

- Academic Affairs – Junior’s Abroad Program
- Christian Ministries – Serve Trip Program
- Center for Global Studies – Semester Abroad Program

The information will be used on my behalf to determine if there is *presently* any physical or mental health condition(s) that might compromise my safe participation in the above mentioned program.

This authorization may be revoked at any time but that revocation will not affect any information already released. Unless revoked earlier, this consent will expire 180 days from the date of signing.

Please Print: \_\_\_\_\_  
Name Date of birth

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
To be completed by the GFU Health and Counseling Center

Upon review of the participant’s physical and mental health records the following recommendation is being made:

- No Reservations
- Mild Reservations
- Serious Reservations

HCC Staff Member: \_\_\_\_\_ HCC Stamp

# Travels Abroad Medical Form

**Please print:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone contact \_\_\_\_\_ Date \_\_\_\_\_

**Confidential Health Review: To be completed by participant.**

Drug Allergies: \_\_\_\_\_

Current Medical Problems/Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications you take: \_\_\_\_\_

\_\_\_\_\_

Mental health issues requiring counseling in the last 12 months: \_\_\_\_\_

\_\_\_\_\_

Are there any concerns/issues you would like to discuss with the Health and Counseling staff?

\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Signature of Participant \_\_\_\_\_