

Off-Campus Semester/ Junior Abroad Programs
George Fox University

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(Submit to the Health & Counseling Center)

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):

- Junior's Abroad Program
- Serve Trip Program
- Semester Abroad Program

Trip Location: _____

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 upon completion of the above mentioned program.

Please Print: _____
Name Date of birth

Signature of Participant: _____ Date: _____

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

Based on the participant's Travel Abroad Medical Form, physical and mental health records, and in consideration of the specific program the student wishes to engage in:

- there are no known concerns reasonably expected to impede the student's successful participation and the completion of the program listed above.
- the following medical or mental health issues may impede the student's successful participation and completion of the program listed above. Therefore, **the student and program leader should meet to develop a plan** of support as well as a crisis contingency plan.

Medical/Mental Health Issue	Current Issue (within the last 12 months)	Has past history of
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

HCC Staff Member: _____ HCC Stamp

Off-Campus Programs
George Fox University

MEDICAL FORM
(Submit to the Health & Counseling Center)

Please print:

Trip Location: _____

Check one: Semester Abroad Juniors Abroad Serve Trip

Name _____ Phone contact _____

Date of Birth _____ Age: _____ Gender: Male Female Height: _____ Weight: _____

Health Review:

Drug allergies: _____

What happened when you took this medication: _____

Dietary allergies, restrictions or intolerances: _____

What happens when you eat this food? _____

Current medical problems/conditions: _____

Current prescription medications you take: _____

Remember to refill your prescriptions prior to leaving for your trip!

Serious injuries, illness, hospitalizations or surgeries in the past 24 months: (with reason and dates) :

Check the following problems that apply (or have applied) to you:

Yes No

Anemia

Anxiety

Asthma

Do you use an inhaler Yes No

(Check to see if you need a refill
before you go!)

Yes No

Cancer

Depression

Diabetes

Eating disorder

Epilepsy

Yes No

Heart problems

High blood pressure

Insomnia

Tooth pain/problems

Other _____

Please explain any items you have checked above: _____

Mental health issues in the last 24 months: _____

Most recent tetanus: Tdap: _____ or Td: _____

Your trip may require vaccinations. Please see a travel clinic or the Health & Counseling Center 4-6 weeks prior to departure.