

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 upon completion of the above mentioned program.

Please Print: _____
Name Date of birth

Signature of Participant: _____ Date: _____

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 Bottom portion 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 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

Travel Abroad Medical Form

Please print:

Name _____ Phone contact _____

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

Health Review:

Drug allergies: _____

Dietary allergies, restrictions or intolerances: _____

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: _____

Immunizations: (please provide the dates for any of the following you have already received)

Most recent tetanus (Tdap/Td): _____ Yellow Fever _____ Typhoid (oral or injection) _____

Hep A #1 _____ #2 _____ Hep B #1 _____ #2 _____ #3 _____

Have you had chicken pox or received the vaccine? Yes No

Signature of Participant _____ Date _____