

International Travel  
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 release my personal medical and or mental health information on the bottom of this form. This information should be released to (check one):

Juniors Abroad  \*Serve Trip  Semester Abroad  Athletic/Team Trip  \*Academic Dept. Trip

**Trip Location:** \_\_\_\_\_ **\*Department** \_\_\_\_\_

The information will be used on my behalf to determine if there are 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

*Note to HCC: Copy and return this side only to the Center for Study Abroad*

International Travel  
George Fox University

**MEDICAL FORM**  
(Submit to the Health & Counseling Center)

**Please print:**

**Trip Location:** \_\_\_\_\_

Check one: Semester Abroad  Juniors Abroad  Serve Trip  Athletic/Team Trip  Academic Dept. 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

Heart problems

High blood pressure

Yes No

Insomnia

Panic Attacks

Seizures

Suicidal Thoughts

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 6-8 weeks prior to departure.**

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