

Travel/Health Form

Name: _____
First name Last name

Study Abroad Program: _____

TRAVEL INFORMATION

!!! Please provide a detailed flight itinerary to the Office of Study Abroad !!!

HEALTH INFORMATION

A study abroad experience can be demanding both physically and emotionally. A certain amount of stress or culture shock can exist abroad, and certain health conditions that you may have under control at home might be aggravated by a new environment. Any information that you share would be used to assist you as a USU study abroad participant and could be shared with faculty leaders or a representative of USU, to enhance your experience abroad. In addition, if you would like to discuss any health considerations with the Study Abroad Director or a Health Practitioner, please let us know.

USU programs (except ISEP) include a package insurance program with Nationwide Insurance and International SOS for in-country medical insurance and medical and repatriation coverage for program dates—insurance coverage is NOT valid in the US. For more information on the coverage visit: <http://www.usu.edu/riskmgmt/other/international.cfm>

1. Other medical insurance (NOT REQUIRED, but please list if you will have additional medical insurance coverage during your term abroad). Provide company and policy information. It is your responsibility to know the limits of your coverage.

Company: _____ Policy: _____

Does this insurance company provide medical evacuation and repatriation of remains coverage that will cover you in your study abroad country?

Yes No (if no, list provider): _____

2. If you have any special needs or health conditions that would affect your study abroad participation, please provide that information here:

3. Please list any medications you take on a regular basis (please bring enough for the entire study abroad period—it is not possible to get a prescription refilled abroad):

4. Please list any medication or food allergies: _____

5. Emergency Contact Information: In the event I am involved in a health or safety emergency situation during my participation in the program, or any other situation that would require consultation with your contact person, I hereby authorize Utah State University, the Office of Study Abroad, its employees and/or agents to contact the following person:

Name: _____ Relationship: _____ Email: _____

Address: _____

Street

City

State

Zip

Daytime Phone: _____ Evening Phone: _____

6. Permission for emergency treatment: On very rare occasions an emergency requiring medication, hospitalization and/or surgery develops. In the event this may happen, we request that the participant read carefully and agree to the following statements in order to prevent a dangerous delay in emergency care, if we are unable to contact a family member/emergency contact immediately.

In the event of sickness or injury, I, the undersigned, authorize USU or its agent, to secure whatever treatment is deemed necessary, including administration of an anesthetic and surgery.

Blood type (if known): _____

I also agree that any of the above information may be shared with the faculty leader, host institution, USU representative or emergency contact, and agree to release and hold harmless, USU, its employees and agents, from any claims arising from medical care received in the host country.

Signature: _____ Date: _____