

**North Carolina Agricultural & Technical State University  
Office of International Programs**

**Health Form**

**This Form is to be completed by the Experience Abroad Participant**

**IMPORTANT:** Because an exchange/experience abroad program can be both physically and emotionally demanding, we ask that you provide a candid evaluation of your health. A certain amount of stress due to culture shock or the change in living conditions and facilities is a normal part of the exchange/experience abroad program. However, in some cases, such stress may aggravate disabilities or illnesses that you have under control at home.

With this form, we hope to create an awareness of any health issues that you should plan ahead for before going abroad. This information will be used primarily to guide us in making appropriate arrangements for you as a NCA&T experience abroad participant. The information may be forwarded *confidentially* to the coordinator at your host institution or your experience abroad program director so they will be prepared to assist you with any possible health event.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Circle **Yes** or **No** (Please attach additional pages or use back of page if more space is required.)

Yes No 1. Are you in generally good physical condition? (If no, please explain.)

Yes No 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)

Yes No 3. Do you have allergies? (If yes, please explain.)

Yes No 4. Are you taking any medications? (If yes, please explain.)

Yes No 5. Have you had any major injuries, diseases, or ailments in the past five years? (If yes, please explain.)

Yes No 6. Do you have any pre-existing conditions? (If yes, please explain.)

Yes No 7. Are you a vegetarian or on a restricted diet? (If yes, please Explain.)

Yes No 8. Do you require special facilities or conditions in an educational setting to accommodate special needs? (If yes, please explain.)

Yes No 9. Is there any additional information--medical, physical, emotional, educational--that would be helpful for OIP to be aware of during your experience abroad? (If yes, please explain.)

*I certify that all responses made on this form are true and accurate, and I will notify the Office of International Programs hereafter of any relevant changes that may occur prior to or during my experience abroad program.*

*I agree that if I am injured or become ill, NCA&T or its agents may secure hospitalization and/or medical treatment for me and I agree to pay all expenses related thereto. I further agree that, if I become incapacitated due to illness or accident, I consent to the release of medical information to NCA&T or its agents so that they may provide me with needed assistance. I further agree that NCA&T or its agents may release information to other persons who may need this information to assist me or to assist others in the program.*

*I, and my parents or guardians agree to release and hold harmless NCA&T and their employees and agents from any claims arising out of the provision of medical care in my host country.*

*I, understand and agree that this form may be released to my host institution or the experience abroad program director. I also understand and agree that NCA&T is not responsible for any decisions, made overseas, based upon information received from any source about my physical condition.*

*If my parents or guardians have not signed this form, I represent and certify that I am not a minor.*

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under twenty-one)