

## Berry College International Programs Information & Emergency Treatment Form

One copy will be retained by the Faculty Director on-site during the program and the original will be filed with IP.

Please submit a copy of the photo page of your passport with this form.

### Personal Information

Student Full Name		Course Number(s) of all class taken during program	
Berry ID Number		Status during summer of program (FR, SO, JR, SR)	
Program Location		Faculty Director	
Passport Number	Citizenship	Birth date (MM/DD/YYYY)	Birthplace
Race (for statistical purposes)		Major(s)	
Campus PO Box		Home Address	
Cell phone		Home Phone	
E-mail Address (one that you will be most likely to check while traveling)			

### Health and Safety Information

(Please note: This information is not required but enables us to deal with any emergencies that may arise. The information will not be used to discriminate against you in any way. It will remain confidential except in a medical emergency.) Berry College recommends that all students get a thorough physical examination before participating in international study and/or travel. Discuss with your physician your intent to study abroad and get advice for managing your physical and emotional health while in another country.

**General Questions** (Explain yes answers below):

Has/Does the participant:	Y	N	Has/Does the participant:	Y	N
1. Had any recent injury, illness or infectious disease?			11. Ever had high blood pressure?		
2. Had a chronic or recurring illness/condition?			12. Ever been diagnosed with a heart murmur?		
3. Do you smoke?			13. Ever had back problems?		
4. Ever had a head injury/frequent headaches?			14. Ever had problems with joints (e.g., knees, ankles)?		
5. Ever been knocked unconscious?			15. Have any skin problems (e.g., itching, rash, acne)?		
6. Wear glasses, contacts or protective eye wear?			16. Have diabetes?		
7. Ever passed out during or after exercise?			17. Have asthma?		
8. Ever been dizzy during or after exercise?			18. Had mononucleosis in the past 12 months?		
9. Ever had seizures?			19. Ever had an eating disorder?		
10. Ever had chest pain during or after exercise?			20. Ever had emotional difficulties?		

Please explain any YES answer

Indicate blood type (if known) \_\_\_\_\_

### Two Emergency Contact Persons:

<b>(1) Name</b>		Relationship to you	
Phone (day)	(night)	(cell)	
Address		E-mail	
<b>(2) Name</b>		Relationship to you	
Phone (day)	(night)	(cell)	
Address		E-mail	

**Current Medications**

Medication	Dosage	Specific times to be given	Reason for taking	Is this a new medication?
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**Allergies (list all known medication, food and other allergies)**

Medication allergies	Describe reaction and management of the reaction.
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**Family Physician Information**

Name	Phone
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Address
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On rare occasions a student participating in an overseas study program faces a health emergency requiring hospitalization and immediate treatment. To prevent dangerous delay in such an emergency, Berry College strongly recommends that the student and her or his parent or guardian sign the following statement. The faculty director should have a copy at the program site, and another copy will be kept on file with International Programs at Berry College. The above-named student is covered by supplementary study abroad insurance, and I have read and understand this policy.

*In the event of an emergency, illness, injury affecting me, I, the undersigned, hereby authorize immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician including administering an anesthetic and performing necessary surgery.*

*I certify that the information in this document is true and accurate to the best of my knowledge and acknowledge that it is gathered for reasons of personal safety and health on this program, and the information may be used in providing medical care to me. I understand that should an issue arise related to a pre-existing condition that I have not disclosed and should the program be unable to accommodate the unexpected needs, I may be sent home early at my own expense. This information will be disclosed to the SIP faculty director(s), Health and Wellness center staff, and the International Programs Director. By signing this document I give Berry College permission to contact my parent, legal guardian, or emergency contact during an emergency situation.*

Applicant's Signature	Date
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**Health Care Recommendations by Licensed Medical Personnel**

I examined this individual on: \_\_\_\_\_

The program for which the student is applying will involve physical exertion including, but not limited to, extensive walking or hiking in the summer heat and exposure to the sun. The program will also require adjustment to different time zones, food and water. In your professional medical judgment, will this applicant's physical, mental and/or emotional condition or the prescribed medications in any way hinder his/her full participation in such a program? **NO YES**

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

The applicant is under the care of a physician for the following conditions:

Based on my medical examination of this program applicant plus the information s/he has supplied, I (circle one) **DO DO NOT** recommend this individual's participation in the above-identified international program through Berry College.

Signature of Licensed Medical Professional	Printed name and title	Date
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Address	Phone
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