

Health Information
Southwestern College
Builders Abroad

This form is to be completed by the participant.

Name of Applicant: _____

Date of Birth: _____

Program: _____

From _____ until _____

The purpose of this form is to help Southwestern College be of maximum assistance to you should the need arise during your travel abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while traveling abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you during your travel experience. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. Southwestern College may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

Medical History

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

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

3. Yes ___ No ___ Do you have any allergies? If yes, (a) list your allergies (please include allergies to food, medications, latex, insects, penicillin, clothing, etc.) and (b) describe the allergic reaction and how it is treated (please include medications taken).
4. Yes ___ No ___ Are you taking any medications? (If yes, please explain, including treatment.)
5. Yes ___ No ___ Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)
6. Yes ___ No ___ Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

7. Yes ___ No ___ Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to be aware of during your travel abroad experience? (If yes, please explain.)

I certify that all responses made on this Health Information form are true and accurate, and I will notify Southwestern College hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____ Date _____