



Name: _____ Nationality: _____

F-IEX 5

Home University: _____

Complete all sections of this form and submit to the IU Office of External Relations. The information you provide is confidential, except in cases of illness or medical emergency. Answer all questions carefully; it is in your best interest to provide a candid evaluation of your health, stamina, and emotional stability.

HEALTH INFORMATION AND RELEASE		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you in generally good physical condition? (If no, explain.)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been treated or are you currently treated for any psychological or emotional problems? (If yes, explain.)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any allergies? (If yes, please list. e.g: Penicillin, Sulfa, peanuts, gluten or wheat, mold, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Will you need to take medications while you are abroad? (If yes, please list. **Note: Certain medicines may not be legal in all countries)
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any major injuries, diseases, or ailments in the past five years? (If yes, explain.)
<input type="checkbox"/>	<input type="checkbox"/>	Is there any additional information concerning medical or physical conditions that would be helpful for the program to be aware of during your study abroad? (If yes, explain)

I certify that all responses made on this Health Information Form are true and accurate, and I will notify the IU Office of External Relations and home university hereafter or any relevant changes in my health that occur prior or after the start of the program. By signing this agreement, I give IU authorization to release information to my emergency contact, host university, and attending physician in case of an emergency, unless I notify the IU Office of External Relations in writing otherwise.

Signature of Participant: _____ Date: _____
