

USFSP STUDY ABROAD PROGRAMS MEDICAL QUESTIONNAIRE

1. General state of health: ___ Excellent ___ Good ___ Fair ___ Poor

2. Do you have any specific physical conditions or general health concerns that might limit your activity? If so, please describe the specific nature of your condition:
 - **Note: Some countries do require a variety of physical screenings.**
(See travel.state.gov for a list)

3. Do you feel you are emotionally capable of adapting to the rigors of travel and study abroad?

4. Do you have any chronic illnesses? (Check all that apply)

<input type="checkbox"/> Heart condition	<input type="checkbox"/> Asthma
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Dietary restrictions or allergies (If yes, please list)	<input type="checkbox"/> Cancer
<input type="checkbox"/> Migraine headaches	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Psychiatric Illness	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Stomach Disease
<input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Hepatitis, Liver Disease
<input type="checkbox"/> None	

5. Do you require any regular medications? If so, please explain.

6. Have you had any surgeries or health conditions in the past 12 months? Yes___ No___

7. If yes, has your doctor released you to travel at this time? Yes___ No___

8. Are you scheduled to have surgery prior to departure? Yes ___ No ___

9. Are there any other precautions or requirements that the program director(s) should know about you in case of an emergency?

10. Name and number of doctor whom we can contact in case of an emergency. (Optional)