**L. MEDICAL SELF-EVALUATION FORM**

**Southeastern Louisiana University Study Abroad**

**Medical Self-Assessment and Release**

RETURN TO THE INTERNATIONAL INITIATIVES OFFICE

The International Initiatives Office strongly recommends that you get a physical before going abroad, check with your medical provider about required/suggested immunizations, and have a dental check-up before departure.

Name of Participant: Click or tap here to enter text. Click or tap here to enter text.

(Last) (First)

W number: Click or tap here to enter text. Date of Birth: Click or tap to enter a date.

Gender:  Male  Female

University E-mail: Click or tap here to enter text. Program: Click or tap here to enter text.

When are you studying abroad? Year: Click or tap to enter a date.

Fall Mini-semester  Spring Summer

**Required**Emergency Contact Name: Click or tap here to enter text. Relationship to You: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

**Optional**Emergency Contact Name: Click or tap here to enter text. Relationship to You: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

**Optional**Emergency Contact Name: Click or tap here to enter text. Relationship to You: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

The purpose of this form is to help the International Initiatives Office to be of maximum assistance to you should the need arise during your study abroad experience. Physical, psychological, or emotional disorders can become serious under the stresses of life while studying abroad. We can direct you to more specific sources of information about support services you can reasonably expect to find on-site.

The information provided will be shared only with program staff, including the staff employed by affiliate programs, faculty, or university officials. Overseas sites may not be able to accommodate all reported individual needs or circumstances. If you do not report a condition, our ability to assist you in case of an emergency may be compromised. *This information does not affect your admission into the program.*

Do you have any known reactions to (please check all that apply and give details below):

MEDICATIONS INSECTS FOOD PLANTS OTHER

Click or tap here to enter text.

If you will be taking any medication (s) during the program, please list them here:

Click or tap here to enter text.

The disability laws of foreign countries may have accessibility standards different from those in the Unites States. It is the student’s responsibility to inform Southeastern Louisiana University of any requests for special accommodations. Do you have any conditions or disabilities that the International Initiatives Office should be be aware of?

Yes  No

If yes, please give details below and describe any ADA accommodations you would like to request:  
NOTE: *Listed conditions will not affect placement into a study abroad program.*

Click or tap here to enter text.

Is there any additional information that you would like to discuss with a study abroad advisor, counseling center, or disability services professional before studying abroad?   
 Yes  No

In the event of an emergency abroad, Southeastern Louisiana University may notify my emergency contact(s). In the event that I need medical care, hospitalization or surgery while participating in the program, I understand that every effort will be made to contact the emergency contact(s) listed on this form. In the case that my emergency contact(s) cannot be reached and an immediate decision about care or treatment needs to be made, I authorize Southeastern Louisiana University, through its representatives to secure any necessary treatment. Southeastern Louisiana University, may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety.

If coverage is not provided through my insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Southeastern Louisiana University or its representatives for any expenses that they might incur on account of my condition or treatment. I release, discharge, indemnify and agree to hold harmless Southeastern Louisiana University, its agents and employees, from any liability which may result from authorizing any medical treatment and/or medication for me.

I certify that all responses on the Medical Self-Assessment and Release Form are true and accurate.

Signature of participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: *Please keep a copy of this information in a safe place at home and with reliable people overseas where it will be readily accessible in case of emergency.*