

PARTICIPANT HEALTH / EMERGENCY TREATMENT AUTHORIZATION FORM

Japan Center for Michigan Universities

The review of this form is done by the University Physician with the sole purpose of helping the Office of Study Abroad provide appropriate assistance to you should the need arise during your experience abroad. It is important that we be aware of any health conditions which might affect your ability to fully enjoy and participate in this program. This information will be kept confidential as required by law and by professional ethical standards. In an emergency, this form may provide critical health information to the medical professionals treating you. This form is not shared with your travel leaders. We ask that you disclose all of your health history honestly; our ability to help you, in case of an emergency or illness, depends on this information being accurate. Failure to complete your health form accurately may cause delays in care or prevent the treatment you may need.

The information will be kept confidential, in accordance with the law and in recognition of your interest in privacy. Disclosure will be made only to persons having a genuine need to know in the case of management of an illness or emergency. In some cases, students with chronic conditions will be encouraged by the Travel Clinic staff to talk to their program leader about plans to manage their condition abroad, but that is still the student's choice. The Travel Clinic will not contact you about required or recommended immunizations for your locations. Consult the Immunizations section of the [OSA Student Guide](#) for more information.

Program Name: _____ Location(s): _____ Departure Date: _____

Last Name: _____ First Name: _____ Date of Birth: _____

☐ Female ☐ Male ☐ Other Citizenship: _____ Home Address: _____

E-mail: _____ Primary Phone: _____

Emergency Contact:

Name: _____ Primary Phone: _____

E-mail: _____ Secondary Phone: _____

The following information is required to coordinate treatment in the event of a medical emergency. Answer, "N/A," if not applicable. If additional space is needed, please attach on a separate piece of paper.

1. HEALTH CONDITIONS:

Please list ongoing health conditions for which you receive regular care or monitoring:

2. MEDICATIONS:

List any **medicines** taken on a daily, regular, or as needed basis. Indicate **how often** and **for what condition** each medicine is taken: (See "Taking Medications Abroad" in the online [MSU Study Abroad Student Guide](#) for information regarding transportation and use of your medication(s) abroad.)

NOTE: Participants must bring an adequate supply of medication(s) that are required on a daily or routine basis, in their original bottles, when traveling abroad for the duration of the program. We suggest you bring a copy of all prescriptions while traveling. **Please review the availability of medications in your destination countries** by following the instructions in the "Taking Medications Abroad" section of the online [MSU Study Abroad Student Guide](#).

3. DISABILITIES:

Do you have a disability(s) that will require accommodation(s) while abroad? ☐ Yes ☐ No

If "Yes," please describe what accommodation(s) you will need to participate in this program. Please read the section below for more information about registering your disability and developing an accommodation request.

Are you registered with the disability office at your home college or university? ☐ Yes ☐ No

Consortium and affiliate students: Please register with your home institution's disability office and complete an accommodation request form to be submitted to JCMU. If your institution does not have this form, JCMU can supply you with an appropriate form. **Students registering at Michigan State University as Lifelong Education Students** must register with the Resource Center for Persons with Disabilities. Please go to myprofile.rcpd.msu.edu to begin this process. This must be done in a reasonable time frame as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability and/or request accommodation in a timely manner, JCMU may not be able to assess and accommodate your needs.

MSU students: If you have a disability that will need to be accommodated while abroad, you must register with RCPD and meet with RCPD staff to complete a **Study Abroad Disability Accommodation Request Form**. It is very important to discuss your plans to study abroad with the RCPD specialist. This must be done at least six (6) weeks prior to departure to allow for evaluation and implementation of any accommodation. If you do not timely disclose your disability or request accommodations MSU may not be able to evaluate and implement an accommodation. More time is needed to manage significant accommodation requests.

If you think you may be eligible for Disability Services, MSU students should contact the Resource Center for Persons with Disabilities (RCPD) at 517-884-7273. RCPD has identified nine broad categories to represent a spectrum of disabilities. It is important to register to receive individual needs assessments, services and accommodations from RCPD. Meeting early with an RCPD specialist will help you identify accommodations that will minimize barriers and enhance your participation while abroad. Keep in mind that due to differing environments, you may need accommodations or assistance abroad that you may not typically need in the United States. To learn more, visit <https://www.rcpd.msu.edu/>.

4. ALLERGIES:

This information is required to coordinate treatment in the event of a medical emergency. **Answer "N/A" if not applicable.**

List any **medication allergies**. Describe your reaction and usual **treatment** if exposed:

List any **food/environmental allergies** (dust, chemicals, bee stings, etc.). Describe your **reaction** and your usual **treatment** if exposed:

NOTE: If you have **food/insect/animal allergies, dietary restrictions or limitations**, we recommend that you disclose these directly to your program leader in addition to listing them here.

5. SPECIAL DIETARY NEEDS:

Do you have any dietary restrictions for which you need assistance? ☐ Yes ☐ No

If "Yes," please explain:

6. ADDITIONAL HEALTH CONDITIONS:

Do you have any additional health conditions other than those listed above (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological/cognitive illness, emotional illness, etc.) that may need special considerations such as medication monitoring so that you may fully participate in the study abroad program? ☐ Yes ☐ No

Please list condition(s), symptom(s), and your plan for managing this condition while traveling:

MEDICAL HOME/PROFESSIONAL MEDICAL CONTACTS:

The following must be completed. If you do not have a regular physician, indicate where your medical records are kept.

Physician Name: _____

Office Phone: _____ Emergency Phone: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

RELEASE AND STATEMENT OF UNDERSTANDING

I authorize the release of information contained in this **Student Health/Emergency Treatment Authorization** for access and review by the MSU University Physician. This form will be kept at the MSU Travel Clinic. If there is insufficient time for the MSU Travel Clinic to review this information, or if further medical information is required, the MSU Travel Clinic staff may ask for a specific release to my treating health care professional(s), and/or for information from me directly. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the program coordinator, the program leader, host family, and the host institution's resident director, and I will be informed of this communication.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize JCMU to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the JCMU Study Abroad insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Michigan State University or its representatives for any expenses incurred on account of my condition or treatment. In the event of any emergency abroad, JCMU may notify my emergency contacts listed on the Study Abroad Application.

I certify that all responses made on this form are complete, true and accurate. I understand that if there are any changes in my health status, I will complete and submit an updated **Student Health/Emergency Treatment Authorization**. I understand that if I withhold or falsify pertinent medical information on this form, such may result in program withdrawal and/or suspension from the University or other discipline. If I am to return early for reasons related to withheld or falsified information, I will be responsible for all incurred costs. I understand that in rare circumstances disclosed medical information could preclude me from studying abroad. I understand that participation in this study abroad program is contingent on receipt by the MSU Travel Clinic of this completed and signed form. By signing this form, I understand and accept the above statements.

Signature: _____ Date: _____

NOTE: *If you have any questions regarding medical problems, immunization requirements, or other health issues, contact your regular physician, arrange an appointment or consultation with a Travel Clinic in your area, or call the MSU Travel Clinic at 517-353-3161 at least 45 days prior to departure.*

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