

Study Abroad Student Medical Information Form

Personal Information

Full Name

Date of Birth

Student ID

Program Name

Emergency Contact Name & Relationship

Emergency Contact Phone

Medical Information

Primary Care Physician (Name & Phone)

Health Insurance Provider

Policy Number

Allergies (medications, foods, etc.)

Chronic Medical Conditions

Current Medications (name, dosage, frequency)

Recent Immunizations

Additional Information

Dietary Restrictions

Other Relevant Medical or Mental Health Information

Student Signature

Date