Kyoto Consortium for Japanese Studies
Medical Information
Spring 2010

Please complete this form with your doctor and submit it to the Office of Global Programs (OGP) by December 1, 2009.
*****You will jeopardize your participation in the program if you don't submit this form by the due date.**

Part 1. To the Student: Complete this form and review it with your Physician or Nurse Practitioner during a physical examination. Information provided here will not jeopardize your acceptance status. We ask that you provide information that will help our staff obtain medical assistance for you in the case of accident or illness. Language barriers and incomplete medical histories can delay treatment.

Name____ Home School____

1. Are you currently receiving, or have you recently received, any medical or psychological care? If yes, please describe fully.

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2. List any other on-going physical or emotional conditions which might require treatment abroad, or that might be exacerbated by change in climate, diet or exercise. What treatment is recommended?

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3. List any medications you are currently taking and the purpose:

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4. Explain any allergies or serious reactions to medication that you have had.

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5. The Office of Global Programs endeavors to provide reasonable accommodations for students with documented disability conditions (e.g. physical, learning, etc.) If you receive disability-related accommodations or anticipate needing them while you are abroad, please attach documentation confirming the disability and information about the accommodations you currently receive (e.g. a letter from the Office of Disability Services.)

If you chose not to disclose disability related needs prior to the program, the Office of Global Programs will not be able to assist you in arranging special accommodations.

6. Do you have a physician who should be consulted in case of emergency? If so, please list below.

Physician Name: _______________________________________ Contact Phone: _________________________________

7. What is your primary health insurance coverage? What is the policy number? Please provide emergency contact information for your primary insurance company.

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I grant the Office of Global Programs, its employees, agents and partners full authority to act in an attempt to safeguard and preserve my health and safety during my participation in the program abroad, including authorizing routine or emergency medical care on my behalf and at my expense and returning me to my home country at my own expense.

Signature: ____ Date: __________________________________

MEDICAL CONSULTATION Student Name: ____

Part 2. To the Physician or Nurse Practitioner: This student has been accepted into a study abroad program. Information submitted on this form will not affect acceptance status.

Living overseas can create emotional and physical stress and requires adjustment to changes in climate, diet, exercise and living conditions. Information regarding the student's health will be invaluable to the resident director in anticipating and dealing with any health problems that may arise during the student's stay abroad, particularly in case of emergency.

1. Review with the student the health history s/he completed. We recommend a physical examination for anyone, especially those with an ongoing medical condition. Please advise the student of risks, health care and medication needs while abroad. Explain your findings and recommendations.

Physical Findings:

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Recommendations:

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2. If the student has an ongoing major medical condition, give him/her a brief narrative of how to deal with the condition abroad, as a well as a report of any abnormal findings.

3. If the student is taking prescription drugs, provide typewritten prescriptions by chemical drug name for adequate supplies to be taken abroad.

4. Review and update routine vaccinations as you deem necessary, and provide the student with a record of immunizations to take abroad.

Signature of MD or NP: ____Date: ______________________________

Name, printed:____

Address:____ Telephone: ___________________________