



INTERNATIONAL PROGRAMS

Health Report and Release

Traveling and living abroad presents physical and psychological challenges. Even mild problems may be exacerbated by the stress associated with adjusting to a new cultural environment. If you are not in good physical and/or emotional health, you should carefully consider your plan to go abroad at this time. If you have any questions about your situation, contact the Hollins University International Programs office at (800) 511-6612 or email [abroad@hollins.edu](mailto:abroad@hollins.edu), or contact the faculty member sponsoring your program/course abroad.

Please answer the following questions as honestly and completely as possible. Your responses will help us to meet any special needs or accommodations you may have. It is important that this information be provided to us, as it is critical for the success and safety of your experience abroad. Under some circumstances, failure to disclose medical or psychological conditions may be considered grounds for dismissal from the program/course.

Print Your Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Do you have any medical conditions for which we may need to make special arrangements (disabilities, restrictions on physical activity, allergies to any medications or requiring medication or injections, etc.)?

- No  Yes (if yes, explain)

Do you have any medical or psychological conditions which may require attention or therapy while you are abroad (depression, eating disorders, etc.)?

- No  Yes (if yes, explain)

Do you regularly take prescription medication that you may need to purchase while abroad?

- No  Yes (If yes, provide the generic name of the medication)

I hereby authorize Hollins University to contact my parent(s) about my physical or mental health while I am abroad if the University deems advisable to do so.

Your Signature: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ Office & /or Cell: \_\_\_\_\_

Insurance Information: My medical and accident insurance is provided by:

Carrier and Policy Number: \_\_\_\_\_

I hereby assume all responsibility for all medical expenses that I may incur while abroad including the costs of my evacuation or return for medical or other reason.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorization of Emergency Care:** In the event that I am rendered unable to communicate because of illness, accident, or emergency while abroad, I hereby give permission to qualified emergency care personnel to hospitalize, secure treatment for, and take whatever medical action(s) are necessary to treat me.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Health Information Release**

I \_\_\_\_\_ hereby permit Health and Counseling Services at Hollins University to release my Hollins University health records to the Director of International Programs and/or the faculty leader(s) of the short term program/course in which I have enrolled. I understand that any information provided to these individuals will not affect my acceptance to a Hollins University study abroad program or travel/study course. This information will be shared only when necessary for my own health and safety, or to facilitate arrangements made to meet my needs.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_