



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 emotional health, you should consider carefully your plan to go abroad at this time. If you have any questions about your situation, contact the Hollins International Programs Office at (800) 511-6612 or [abroad@hollins.edu](mailto:abroad@hollins.edu) or (for J-Term travel/study courses) the faculty member sponsoring your course.

Please answer the following questions as honestly and completely as possible. Your responses will help us meet any special needs you may have. Our having this information is important for the success and safety of your experience. 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: \_\_\_\_\_

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.

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

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