

Name \_\_\_\_\_

SC ID# \_\_\_\_\_

Doggett International Center  
Campus Union  
**Health Information Form**

263 Alden Street  
Springfield, MA 01109

Program \_\_\_\_\_

While international and study abroad is exciting and rewarding, the special challenges associated with such an experience can be physically and/or emotionally demanding and stressful to some. A medical or psychological condition that can be dealt with easily on campus may pose a threat in a location where support services are inadequate or scarce. Candid evaluation of your medical condition and discussion as to whether your medical needs can be met while away from home is the best way to safeguard your well being.

The purpose of this Health Information Form is to: 1) make the faculty director of your program aware of any medical or psychological condition which may affect or be affected by your participation in the program; and 2) provide information about your health history that will be helpful to medical officials in the event of a medical emergency. It is not intended to exclude your participation in the program. All information will be kept confidential and is accessible only by the Director of International and Study Abroad programs, the Director of Health Service, the faculty and staff of the individual program in which you intend to participate, and medical personnel. Please read all information thoroughly and be sure to complete both sides of this form. Ultimately, you are responsible for your own health safety while participating in your chosen program.

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Tel. \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Whom should we contact in the event of an emergency?

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_

Participants in Springfield College Study Abroad program must purchase an International Student Identification Card (ISIC). This includes coverage of a specified amount for emergency medical evacuation and repatriation. A copy of your ISIC card needs to be on file in the International Center. ISIC cards may be purchased on line (<http://www.myisic.com/MyISIC/>) or at an STA Travel agency. A list of agencies are available at the website.

Through the college, Springfield College students have access to Worldwide Assistance Services. This service expedites many services overseas (translators, etc.), but does not cover the medical service itself. Many study abroad programs require that international students purchase health insurance that covers them for the time they are attending

**To the student:** In the event of illness or injury, I authorize the Springfield College International Center to communicate directly with my health insurance provider. I also grant permission for my submission to emergency medical care, including anesthetic, blood transfusion and surgery, during the period of the Program, as recommended by medical authorities.

I authorize my physician or the Springfield College Health Service Office to release my immunization record and information regarding my health status relevant to my participation in my chosen program to the Director of International Center and Study Abroad Programs, the Director of Health Service, the faculty and staff of the individual program in which I will participate and medical personnel. This includes information about allergies to foods and/or medications. I agree to record any vaccinations received after completion and submission of this form in an international Certificate of Vaccination booklet and carry this information with me on my chosen program. Further, if I become aware, subsequent to submitting this form, of any medical or psychological conditions that may affect my participation in an international or study abroad program, I agree to disclose this information to the faculty leader directing the international and study abroad program in which I will participate. As part of the application process for studying overseas, I will complete and submit a separate medical self-assessment form.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

Parent's Signature (if participant is under age 18) \_\_\_\_\_

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