

HEALTH FORM - SUMMER STUDY ABROAD LANGUAGE PROGRAMS

DO NOT STAPLE PAGES

TO THE APPLICANT: The purpose of this form is to help the Kosciuszko Foundation and the host university be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program organizers be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The Health Form is forwarded to the host university and will remain confidential. It will be shared with program staff, faculty, or appropriate professionals only in the event of an emergency. The KF and the host university may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program. Please note: the non-disclosure of a physical or medical condition may affect our ability to provide information relevant to your specific needs abroad.

Applicant's Name _____ Session _____

Date of Birth _____ Gender _____

Physician's Name _____

Physician's Street Address _____

City/State/Zip Code _____

Telephone _____ Fax _____

Please check the appropriate box. Please provide explanation as needed.

MEDICAL HISTORY

1. Are you generally in good physical condition? If no, please explain. Yes No
2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? If yes, please explain. Yes No
3. Do you have any allergies to drugs or foods? If yes, please list ALL. Yes No
4. Are you taking any medications? If yes, please list ALL. Yes No
5. Have you had any major injuries, diseases or ailments in the past five years? If yes, please explain. Yes No
6. Are you a vegetarian or are you on a restricted diet? If yes, please explain. Please note that macrobiotic meals are not available in Poland. Yes No
7. Is there any additional information (concerning medical conditions or mental, learning, or physical disabilities) that would require accommodation or be helpful for the program to be aware of during your study abroad experience? If yes, please explain. Yes No

I certify that all responses made on this Health Form are true and accurate, and I will notify Kosciuszko Foundation hereafter of any relevant changes in my health that may occur prior to the start of the program. I further understand that, in the event of an emergency abroad, the Kosciuszko Foundation reserves the right to notify my parent(s), guardian, spouse, or designated agent (if not a minor.)

Signature of Participant

Date

Signature of Physician

Date

PHYSICIAN'S STATEMENT

TO THE APPLICANT: Please authorize by your signature below the release of medical information that may be relevant in the opinion of your physician to your participation in the Kosciuszko Foundation Summer Study Abroad program in Poland.

Your Name

Session

TO THE PHYSICIAN: Please indicate if the student named above has a history of chronic or disabling physical conditions; any allergies which may require either continuing or emergency treatment; any special dietary problem; or any other physical or emotional condition which might affect his/her well-being or that of fellow students while living or traveling outside the United States for an extended time. Please list the generic names for any prescription medicine the student requires which may not be readily obtainable abroad.

PLEASE NOTE: There should be a written statement from the Physician confirming that the student is physically and mentally sound enough to participate in the program listed above.

Physician's Name (print): _____ Date: _____

Address: _____

Signature: _____ Date: _____

A DOCTOR'S STAMP AND/OR LICENSURE # IS REQUIRED

Return completed form by May 20th to:
Summer Study Abroad Office, Kosciuszko Foundation, 15 East 65th Street, New York, NY 10065