

UNIVERSITY *of* NORTH CAROLINA PEMBROKE

Study Away Medical/Physical Form

This form serves to ensure the student has an opportunity to discuss medical needs, medications/prescriptions, questions/concerns related to participation in a Study Abroad program. Pages 1-3 (*original*) should be put into a sealed envelope with the student's name and program on the outside of the envelope and then given to the Office of Global Engagement. The second portion of the form, page 4, the Physical Certification (*original*), is also to be submitted to OGE, but not in a sealed envelope. The student should make a copy of the forms for their records and travel.

LAST Name: _____ First Name: _____

Travel Itinerary: List all countries of travel, including layovers and any countries you plan with visit.

Reason for travel abroad: _____ Return Date to the U.S.: _____

Arrival Date	Country	City, Region, or Area	Departure Date
_____	_____	_____	_____
_____	_____	_____	_____

Physical/Visual Exam* D.O.B.: _____ Gender: _____ Height: _____ Weight: _____

Blood Pressure: _____ Pulse: _____ Eyes: R _____ L _____ Corrected: __ Y __ N

Pupils: ____ Equal ____ Not Equal Hearing: Normal ____ Y ____ N Corrected: ____ Y ____ N

Known Allergies:

Current or existent medical conditions, including dietary:

Known accommodations related to a current or existent medical condition:

Current Medications/Prescriptions, including over-the-counter and vitamins:

**Medical Professional- this form is a guideline to help the student outline relevant medical information related to the Study Abroad experience. Use your discretion to detail medical information related to this specific international trip.*

Consume alcohol? Y N If yes, how often? _____ Smoke? Y N If yes, how often? _____
 E-Cig? Y N If yes, how often? _____ Oral Tobacco? Y N If yes, how often? _____
 Nicotine Patch? Y N If yes, how often? _____ Cigar? Y N If yes, how often? _____
 Illegal Drug Use? Y N If yes, what drug(s)? _____ If yes, how often? _____

Immunizations received and dates:**

Tetanus (last): TDAP _____ Td _____	MMR: 1 _____ 2 _____	Hepatitis B: 1 _____ 2 _____
Polio (last) _____	Japanese Encephalitis _____	Hepatitis A: 1 _____ 2 _____
Yellow Fever _____	Typhoid Oral caps _____	Hepatitis A&B: 1 _____ 2 _____
Varicella 1 _____ 2 _____	Typhoid injection _____	Meningococcal _____
Pneumococcal 23-valent _____	Influenza _____	Rabies (>3 doses) _____

***Often Study Abroad destinations do not require any vaccinations, but students are encouraged to review the U.S. Department of State – Bureau of Consular Affairs’ website for more information about international travel.*

Risk Assessment (discuss relevant topics):

Time with animals, farms, zoo	Excessive walking, including over uneven pavement	Rural Area Concerns	Urban Area Concerns	Biking	Home-stay w/local family	High altitude (over 8,000 ft/2,500 m)	SCUBA Diving
Spelunking/Caving	Excessive freshwater exposure	Mosquitoes	Shared living space	Public transport	Excessive saltwater exposure	Other:	

Medical Conditions (discuss relevant topics):

Positive TB Skin Test	Severe Headaches	Blood Clotting Disorder, a DVT or PE
Heart Problems	Pregnant/Breastfeeding	Any Thymus Disorders
Seizure Disorders	Sickle Cell Anemia or Sickle Cell Trait	Tested for G6 ^P D deficiency
Psoriasis	History of tendon rupture	Splenectomy

UNIVERSITY *of* NORTH CAROLINA

PEMBROKE

Physician Certification Section

This form serves to ensure the student has an opportunity to discuss medical needs, medications/prescriptions, questions/concerns related to participation in a study abroad program. This portion of the form needs to be submitted to the UNCP Study Abroad Coordinator at the Office of Global Engagement.

LAST Name: _____ First Name: _____

Banner ID: _____ Signature: _____ Date: _____

To ensure the patient is aware of the recommended or required immunizations for travel to the country(ies) listed above, the Center for Disease Control (CDC), the World Health Organization (WHO), the U.S. Department of State, and GeoBlue (the required student insurance) are resources for advising.

- It is my professional/medical opinion, this patient meets the physical/medical requirements to participate in a Study Abroad program based on the information provided by the student.
- All listed medications have been discussed with regard to entering the country(ies) listed above, the ability to have a prescription filled in the host country(ies), and/or a generic medication/prescription (in case the primary medication/prescription is not permitted to be taken into said country(ies) or obtained in said country(ies)), etc.
- I have discussed with the patient all possible conditions, diseases or other factors the student may be exposed to while participating in this study abroad program, per the countries and activities listed above.
- I have discussed all recommended or required vaccines and/or immunizations for the country(ies) listed above. If any immunization are required, then the student will need to obtain proof of the vaccines and/or immunizations and provide them to UNCP.

Name (Print): _____ Facility Name: _____

Phone: _____ Address: _____

Signature: _____ Date: _____

Global Engagement

One University Drive

P.O. Box 1510

Pembroke, NC 28372

910.775.4095