Short Term Study Abroad STUDENT Paperwork Checklist

Congratulations on your decision to participate in a short term study abroad course!

Before leaving for your experience of a lifetime, there are a few forms and details that need to be completed. Please make sure that all of the forms/information below is submitted to Elizabeth Bennellick, 108 Noss Hall, as soon as possible and no later than the deadline established.

Post-Acceptance Paperwork Checklist:

<table>
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<tr>
<th>Form Description</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Abroad Release of Liability &amp; Statement of Responsibility</td>
<td>- Please read in its entirety, sign and date.</td>
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<tr>
<td>Physical and Mental Health Information</td>
<td>- Please read in its entirety, sign and date.</td>
</tr>
<tr>
<td>Health and Safety Guidelines</td>
<td>- Please read in its entirety, sign and date.</td>
</tr>
<tr>
<td>Emergency Contact Form</td>
<td>- For emergency reasons only we require information regarding your basic personal information and that of your emergency contacts. This form is required per California University of PA policy. This form MUST be completed in its entirety.</td>
</tr>
</tbody>
</table>
| International Student Identity Card (ISIC) and Health Insurance Coverage & Copy of Medical Insurance care | - As a student, you will need an ISIC (International Student Identification Card) for your course abroad.  
  - Obtain an ISIC. This can be purchased by going to:  
    http://www.myisic.com/MyISIC/GetYourCard/GetYourCard1.aspx  
  - Consider purchasing ISIC Premium insurance. See:  
    https://www.myisic.com/MyISIC/Travel/Main.aspx?MenuID=5004  
  - Provide a copy of your ISIC card once it arrives.  
  - Provide a copy of your primary medical insurance card. |
| Copy of your Passport                                                            | - Faxed copies cannot be accepted.                                                                                                                  |
| Proof of State Department Travel Registration                                    | - This can only be done once flights have been purchased and housing address known                                                               |
| Flight Itinerary                                                                 | - If you are not participating in a group flight, or your course does not have a group flight, you must include a copy of your individual flight itinerary |

If you have any questions, please do not hesitate to contact Elizabeth Bennellick 108 Noss Hall, X5125 or Bennellick@calu.edu. Thank you in advance for your cooperation.
Application Checklist

Applications will not be considered until ALL application parts have been received. Print clearly and legibly using black or blue ink. Check off the boxes below as you complete each part.

General Information: Please complete in full.

Academic Recommendations: You will need two recommendations from professors who have had direct experience with your academic work. An additional recommendation from an employer or a person who has known you for several years (i.e., minister, high school teacher) can also be submitted, if you desire.

Transcript(s): Provide an unofficial transcript from Cal U.

Application Deadlines: Set by faculty group leader

Health Information Forms: Additionally, upon provisional acceptance into your selected program, you will be asked to complete two health information forms: I. Applicant’s Medical History Form and II. General Health Information Form, with the help of a medical professional. Although the information provided on these forms has no bearing on program acceptance, it is important for your safety and wellbeing while abroad and is therefore considered a mandatory part of the application process.

Address and Contact Changes: Once your application is submitted, please inform the Office of International Programming of any changes to your permanent or local address and telephone numbers.

E-Mail Address: We will use your CalU sponsored e-mail address and the local home address on file to convey important information before, during and after your program. Please be sure to check these mailboxes frequently.

Pre-Departure Orientation: All students accepted into a CalU sponsored study abroad program are required to attend all pre-departure meetings and are responsible for the information covered in these meetings.

Elizabeth (Bessy) Bennellick
Director of International Programming
108 Noss Hall
California University of PA
California, PA 15419
Bennellick@calu.edu
O: 724-938-5125

FOR OFFICE USE ONLY
Principal participant ___
Alternate ___
Conditional acceptance ___
Not recommended ___
Short Term Study Abroad Application

GENERAL INFORMATION

1. Applicant’s name: Last  First  M.I.

2. Program: Semester of participation:

3. Student ID:

4. Gender: Male [ ] Female [ ] Married? Yes [ ] No [ ]

5. Birth date: ___/___/______ Place of Birth: ________________________________________________________________
   month    day          year           City/State    Country

6. Country of Citizenship: Visa Status, if not a U.S. Citizen:

Local Contact Information

7. Address:__________________________________________________________________________
   Number/street                                                                 City                              State             Zip

8. Phone:  Land (       ) ___________ Cell (       ) ___________ Email: _________________________

9. My local contact information can be used until the following date: ___/___/______
   month    day          year

Permanent Address and Contact Information

10. Address:__________________________________________________________________________
    Number/street                                                                 City                              State             Zip

11. Phone:  Land (       ) ___________ Cell (       ) ___________ Email: _________________________

12. NAME and RELATIONSHIP OF EMERGENCY CONTACT:
   (If under 21, the name and address of a PARENT or GUARDIAN is required).
   Name: _____________________________ Relationship: _____________________________
   Address:__________________________________________________________________________
   Number/street                                                                 City                              State             Zip

   Phone:  Land (       ) ___________ Cell (       ) ___________ Email: _________________________
ACADEMIC BACKGROUND

13. Major:                   Minor:

14. Specialty within major field: ________________________________

15. Academic Advisor: ________________________________

16. Educational level: Freshman  Sophomore  Junior  Senior  Graduate

17. Cumulative GPA:               GPA within your major (estimated): __________________

18. Credits completed to date: Undergraduate: __________________  Graduate: __________________

20. High School and Colleges/Universities you have attended:

21. Language courses completed:

22. Briefly describe your plans for financing your participation in this study abroad program. Indicate the approximate amount of money that you expect to receive from sources such as: financial aid, scholarships/grants, loans, personal savings, gifts, etc.

23. If you have a disability and require educational accommodations to participate in this program, the accommodations must be approved through the Office for Students with Disabilities at California University of Pennsylvania. Please be aware that if your disability requires public facilities accommodations, although CalU will assist you, to the extent possible, to obtain the accommodations that you need, the Americans with Disabilities Act (ADA) does not apply outside the borders of the US. Certain of the public accommodations that are required in this country may not be available. (To maintain confidentiality, information related to a disability should be written on a separate sheet of paper and sealed in an envelope to be attached to your application. Please write “confidential to be opened by the director” on the envelope.)
24. Why do you wish to participate in this program? Describe how this program will be relevant to your present academic program and future career aspirations. Also describe the personal benefits that you expect to receive from the program. (Maximum 500 words).
24. Briefly state any additional information that may be useful in evaluating your candidacy for this program, including any
travel or residence in other countries (or regions of the US) or anything else that you wish to point out about yourself or
your academic record.

Participant Name:
(Please print)

Signature of the Applicant: Date:

Signature of Parent/Guardian: Date:
(Required if Participant is under 18 years of age)

Name and Title of Applicant’s Academic Advisor: __________________________________________

Advisor’s Signature: Date:

Please return this form directly to: Office of International Programming 107 Noss Hall, California University of Pennsylvania, 250
University Ave., California, PA 15419 (international@calu.edu) 724-938-5217.
EMERGENCY CONTACT FORM

In the event of an emergency, the faculty director or other program or CalU staff may need to release information about a participant’s health status, insurance status, travel arrangements or personal safety to a parent/guardian or other emergency contact while s/he is abroad. Accordingly, please state below the full names and contact information of those individuals to whom you authorize the release of personal information. Please remember to sign and date to bottom of this form.

Contact #1

Name:______________________________________  Email address: __________________________
Street Address:_________________________________________________________________
Relationship: ___________________    Is this your emergency contact?  Yes _____  No _____
Phone numbers (work, home, cell):___________________________________________________
Are there any restrictions on the information that we can share with this contact? ______________
If yes, what information are we NOT to share with them? __________________________________________________________
_______________________________________________________________________________

Contact #2

Name:______________________________________  Email address: __________________________
Street Address:_________________________________________________________________
Relationship: ___________________    Is this your emergency contact?  Yes _____  No _____
Phone numbers (work, home, cell):___________________________________________________
Are there any restrictions on the information that we can share with this contact? ______________
If yes, what information are we NOT to share with them? __________________________________________________________
_______________________________________________________________________________

OR ________ (check here)  I do not grant permission for the release of any personal information, while I am abroad.

Program:____________________________ Faculty Director:_________________________________

Participant Name:  
(Please print)

Signature:          Date:________________________
PHYSICAL AND MENTAL HEALTH INFORMATION

The intention of this form is not to eliminate students from study abroad programs, but rather to accommodate disabilities as required and to inform the University of any health issues that may arise while you are abroad. By knowing about any pre-existing conditions, we can address them appropriately if need arises. A physical may be required if sufficient records are not available. If you check any of the considerations below we would appreciate your permission to share this information with the appropriate person(s) at your host institution abroad.

Please sign below if you agree to permit the University to share any necessary information from this form with the appropriate person(s) at your host institution abroad.

Signature: __________________________  Date: ______________

Are you currently registered with the Office for Students with Disabilities at California University of Pennsylvania? If the answer is yes, please check all appropriate needs/services.

_____ Learning Services
_____ Tutoring
_____ Special Classroom Accommodations
_____ Special Housing Accommodations
_____ Other (please explain below)

--OR--

None

If you checked any of the services above, please provide additional information below.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

If you have a current or chronic health condition (such as asthma, diabetes, allergies) and need specialized or continuing medical treatment, you should discuss your health condition with the Director of Health Services, or the health professional coordinating your treatment, as you plan to study abroad. Likewise, if in the past you have seen a psychotherapist/counselor or are currently seeing a psychotherapist/counselor, you should discuss the status of your psychotherapy with the Director of Counseling Services or the psychotherapist coordinating your treatment. Please inform Elizabeth Bennellick of the recommendations made by your counselor, psychotherapist or health care professional regarding travel.
STATEMENT OF PARTICIPANT RESPONSIBILITY

As part of our mission to provide one-of-a-kind character and career-building experiences for our students, CalU encourages students to incorporate studying abroad into their degree program. Thus, the University administers short-term, faculty-led programs in a variety of disciplines and to a variety of sites and participation in these programs can count towards student degree requirements in a variety of ways. By participating in these types of study abroad programs, students assume responsibilities in addition to those assumed while attending classes on University property. Please read the following items and return a signed copy to your program director. By signing, students understand and accept these additional responsibilities.

1. **Personal Conduct:** The faculty director has the authority to establish the rules and guidelines necessary for the operation of the overseas program. Because study abroad participants are guests in a host country, it is essential that participants understand and respect norms of conduct and patterns of behavior that may be different from standards at home. The participant is subject to the Code of Conduct outlined in the CalU Student Handbook, and to the rules of conduct established by the program faculty, regulations of the host institution, and laws of the host country.

   If the participant violates any of the foregoing, or acts in any way deemed detrimental to her/himself, other students or the program, the faculty director shall have the right to dismiss the participant from the program. The participant further agrees that, if dismissed from the program, s/he is responsible for all expenses of the program, including return to the point of origin, and that no refund of fees will be given.

2. **Academic Responsibility:** The participant is responsible for study as outlined in the program syllabus while abroad. The participant must attend all classes, required field trips, and complete all assigned work.

3. **Legal Problems:** The participant understands that as a U.S. citizen in a foreign country, s/he is subject to the laws of that country. While abroad, students are under the legal jurisdiction of the host country and will be prosecuted under their laws. Should the participant fall into legal problems abroad, s/he will attend to the matter personally using his/her own funds. Participants are reminded that the use and possession of illegal drugs usually carries stiffer penalties in most other countries than in the U.S.

4. **Medical Responsibility:** The participant understands that there are certain risks inherent in international travel and study abroad program faculty cannot assume responsibility for the certain activities of the program participant. The participant is responsible to know their medical needs and hereby assures CalU and the program faculty that s/he has consulted with a doctor in regards to health issues and travel overseas. In the event of illness or injury, the student hereby agrees that a program representative is authorized to secure treatment on their behalf, and the participant accepts financial responsibility for such treatment.

   The participant is solely responsible for securing any necessary immunizations or prophylaxis treatments prior to departure. Additionally, the participant agrees to report (and provide documentation of) any physical or mental conditions that may require special attention or accommodation (if reasonable) while participating in the program at least 60 days prior to the departure.
5. **Transportation:** Although most travel will be arranged by the faculty director, the participant understands that s/he should be cautious in determining transportation needs while abroad. Although commercial carriers will get people to their destinations, transportation in and around some areas abroad may not meet Americans’ expectations for safety or comfort, and participants are advised to be cautious in evaluating vehicles and carriers before entering them.

6. **Insurance:** The participant must have adequate health insurance that provides coverage outside the U.S. in order to participate in any study abroad program. The participant is responsible to make sure that s/he has such coverage and provides written documentation of this coverage to the faculty director. Please note that most insurance policies have limitations in coverage, so review your policies carefully prior to departure. Students are must agree to obtain an ISIC (International Student Identification Card), if required by their program.

   The purchase of Medical Evacuation and Repatriation coverage is required for participation in any study abroad program. Depending on the program location, the participant will be advised on the appropriate company to consult for coverage. Proof of said insurance must be presented to the faculty director prior to departure.

7. **Withdrawal:** Participants who withdraw, are dismissed, or depart early from a program prior to its formal completion are responsible for all costs previously incurred by the program faculty on the students’ behalf. Most programs have a withdrawal policy that each participant should read prior to accepting an admission offer.

   The participant understands that CalU reserves the right to make cancellations, changes or substitutions to the advertised program in cases of emergency or changed conditions, or in the interest of any program-sponsored group with which the participant may be traveling or collaborating.

8. **Security:** CalU cannot certify the level of security that will be provided to participants while studying abroad. Similarly, the participant is aware that Americans are sometimes targeted in the international arena as subjects of terrorism and political violence. The participant understands that there are risks inherent in travel, living and studying abroad and acknowledge that s/he has been appraised of such risks (to the extent that they are known by CalU), and agrees to assume all risks and responsibilities for her/his health, safety and property while participating in the program.

9. **Health Issues:** Participants are likely to experience significant differences in the types of food and beverage presented to as a part of living and studying abroad. Occasionally, participants may be responsible for their own food and drink while abroad and, while it is hoped that participants include culinary experimentation in your experience abroad, participants are be particularly cautious if they are sensitive/allergic to various foods to assure that those, and similar foods, are not included in what one eats. In the event of injury, or if a participant feels sick or unsafe, s/he agrees to immediately inform the faculty director and program staff.
The participant should determine in advance if s/he wishes to allow the emergency transfusion of blood or blood parts into your system while abroad should the case arise and assure that these wishes are communicated both in writing to the program coordinator, and placed in writing in you wallet or passport case before you leave the country.

The participant grants California University of Pennsylvania, its employees, agents and overseas partners permission to communicate concerning her/his health condition with program representatives, her/his emergency contacts, insurance company representatives and with physicians, psychologists, and/or counselors who during the past five years have treated or are now treating her/him. In situations where s/he is unable to give oral or written consent, s/he further grants permission for hospitalization and treatment recommended and carried out under the supervision of a qualified physician, including administering anesthetics and performing surgery at her/his own expense. S/He further appoints the program representatives of CalU in the host country to act on her/his behalf in authorizing necessary medical, dental or surgical care, hospitalization or medical evacuation for her/him should it be required.

10. **Acknowledgement of Risk and Assumption of Responsibility:** Each study abroad program will travel to a site that is known to be reasonably safe and frequently visited by tourists and students from other institutions. Nevertheless, the participant is reminded that there are risks, inherent and otherwise, in traveling abroad. These risks include, but are not limited to: lost luggage, changes in the program itinerary, new cultural surroundings, uncomfortable travel and/or lodging conditions, terrorist attacks, physical attack, unusual foods, getting lost or injured in the field, drowning, insect bites and stings, poisonous plants, van or bus accidents, theft, heat stress, illness and unpleasant travel companions.

I understand and recognize the risks associated with international travel and choose to accept these risks and participate in the study abroad program. In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility and liability, and agree to indemnify and hold harmless, legally and otherwise California University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of the foregoing, pursuant to or arising from any injuries to my person or damages to my personal property that are the result of my participation in the study abroad program.

The participant is advised to exercise the ordinary precautions of any person visiting a foreign city and agrees to follow the directions of the faculty director and program staff at all times. The participant agrees that s/he will not travel alone, will not become intoxicated, use any illegal substances or commit any crimes, while abroad. The participant agrees to participate in this program voluntarily and will act respectfully and responsibly towards both people and the natural environment, throughout the duration of the program.
I have carefully studied the contents of this document and have been given the opportunity to ask questions. I understand the CalU Faculty Director will exercise control where I will live and study abroad. I hereby agree to release and hold California University of Pennsylvania, its Board of Trustees, the study abroad program and their respective agents, administrators, faculty and staff from any claims, demands, and causes of action which may arise as a result of my decision to study abroad, or from what I encounter in traveling to and participating in the study abroad program I choose. This agreement to release and hold harmless includes, but shall not be limited to claims, demands and causes of action for inconvenience; damage to and loss of property; the cost of medical, hospital, and rehabilitative care; personal, physical, mental and emotional injury; and death. By agreeing to the terms of this paragraph and by signing below, I acknowledge that this release and hold harmless agreement is executed willingly, with full acknowledge of the importance of its content, and that I intend to be legally bound by its terms.

I have read and understand the above information listed in this Statement of Responsibility. I agree to accept the terms described for the participant participating in this faculty-led study abroad program.

Program:______________________________ Faculty Director:_________________________________

Participant Name:  
(Please print)  
Signature:  
Date:__________________________
Parent/Guardian Signature required if student is under 18 years of age.

I have carefully studied the contents of this risk and hazard alert and have been given the opportunity to ask questions about its content. I understand that CalU will exercise little control over the surrounds in which my son/daughter/ward will live and study abroad. I hereby agree to release and hold California University of Pennsylvania, its Board of Trustees, the study abroad program sponsor, and their respective agents, administrators, faculty and staff from any claims, demands, and causes of action which may arise as a result of my son/daughter’s decision to study abroad, or from what he or she encounters in traveling to and participating in the study abroad programs he or she has chosen. This agreement to release and hold harmless includes, but shall not be limited to claims, demands and causes of action for inconvenience; damage to and loss of property; the cost of medical, hospital, and rehabilitative care; personal physical, mental, and emotional injury; and death. By agreeing to the terms of this paragraph by signing below, I acknowledge that this release and hold harmless agreement is executed willingly, with full knowledge of the importance of its content, and that I intend to be legally bound by its terms.

Signature of Parent/Guardian:

Date:_____________________

HEALTH AND SAFETY GUIDELINES FOR STUDY ABROAD

Statement of Purpose

Because the health and safety and study abroad participants are primary concerns, these guidelines have been developed to provide useful practical guidance to participants. The guidelines are intended to be inspirational in nature. Although no set of guidelines can guarantee the health and safety needs of each individual involved in a study abroad program, these guidelines address issues merit attention and thoughtful judgment. Although they address general considerations, they cannot possibly account for all the inevitable variations in actual cases that arise. Therefore, as specific situations arise, those involved must also rely upon their collective experience and judgment while considering the unique circumstances of each situation.

Responsibilities of Participants

In Study Abroad, as in other settings, participants can have a major impact on their own health and safety abroad through the decisions they make before and during the program and by their day-to-day choices and behaviors. Participants should:

- Read and carefully consider all materials issued by the sponsor that relate to safety, health, legal, environmental, political, cultural, and religious conditions in host countries.
- Consider their health and other personal circumstances when applying or accepting a place in the program.
- Make available to the sponsor accurate and complete physical and mental health information and any other personal data that is necessary in planning for a safe and healthy study abroad experience.
- Assume responsibility for all the elements necessary for their personal preparation for the program and participate fully in orientations.
- Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
- Inform parents/guardians/families, and any others who may need to know, about their participation in the study abroad program, provide them with emergency contact information, and keep them informed on an ongoing basis.
- Understand and comply with the terms of participation, codes of conduct, and emergency procedures of the program, and obey host-country laws.
- Be aware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express any health or safety concerns to the program staff or other appropriate individuals.
- Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.
- Accept responsibility for their own decisions and actions.
- Become familiar with the procedures for obtaining emergency health and law enforcement services in the host country.
- Follow the program policies for keeping program staff informed of their whereabouts and well-being.

I, _____________________________, have read and understand the “Health and Safety Guidelines for Study Abroad” provided by California University and will abide by these procedures.

Participant Name:
(Please print)

Signature: _____________________________ Date: _____________________________
## CALIFORNIA UNIVERSITY COURSE ABROAD FLIGHT ITINERARY INFORMATION

### DEPARTURE FROM U.S.:

<table>
<thead>
<tr>
<th>Connecting Flight</th>
<th>Date &amp; Time of Departure from U.S.</th>
<th>Airline</th>
<th>Flight Number</th>
<th>Date &amp; Time of Arrival</th>
<th>Name/Code of Arrival Airport</th>
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| Connecting Flight |                                    |         |               |                        |                               |
|-------------------|                                    |         |               |                        |                               |

| Connecting Flight |                                    |         |               |                        |                               |
|-------------------|                                    |         |               |                        |                               |

### DEPARTURE FROM CAL U COURSE ABROAD LOCATION:

<table>
<thead>
<tr>
<th>Connecting Flight</th>
<th>Date &amp; Time of Departure from U.S.</th>
<th>Airline</th>
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| Connecting Flight |                                    |         |               |                        |                               |
|-------------------|                                    |         |               |                        |                               |

| Connecting Flight |                                    |         |               |                        |                               |
|-------------------|                                    |         |               |                        |                               |
MEDICAL FORM: REQUIRED FOR STUDENTS PARTICIPATING IN THE CAL U MADAGASCAR PROGRAM

This form is to be completed by you and your physician. Students are responsible for monitoring their own health conditions while studying abroad. Health information is being collected in the event of a medical emergency.

Participant’s Name: ___________________________ Last ___________________________ First ___________________________ M.I. ___________________________

Program: ___________________________ Semester of participation: ___________________________

Insurance Data: Policy #: ___________________________ Insurance Carrier: ___________________________

DOB: ___________________________ Height: ___________________________ Weight: ___________________________

Signature of Participant: ___________________________ Date: ___________________________

Signature of Parent/Guardian: ___________________________ Date: ___________________________

(required if Participant is under 18 years of age)

Past Medical History: Have you had any of the following?

Measles ............ No Yes
Venereal Disease.................No Yes
Strokes ..............No Yes
Mumps ............. No Yes
Concussion or Head Injuries .........No Yes
Tuberculosis ........No Yes
Chickenpox ......... No Yes
Rheumatic Fever or Heart Disease..No Yes
Broken bones........ No Yes
Epilepsy ............. No Yes
Have you had any serious illness.....No Yes
Cancer .................No Yes
Diabetes............... No Yes

Have you ever been hospitalized, had surgery, or been under extended medical care? No Yes

If yes, for what reason?

Systemic Review: Do you have any of the following?

**Eyes-Ears-Nose-Throat:**
- Eye disease or injury
  - No Yes
- Do you wear glasses
  - No Yes
- Double vision
  - No Yes
- Headaches
  - No Yes
- Glaucoma
  - No Yes
- Nosebleeds
  - No Yes
- Chronic sinus trouble
  - No Yes
- Ear disease
  - No Yes
- Impaired hearing
  - No Yes
- Do you wear hearing aids
  - No Yes
- Dizziness
  - No Yes
- Episodes of unconsciousness
  - No Yes

**Skin:**
- Skin disease, hives, eczema
  - No Yes
- Jaundice
  - No Yes
- Frequent infection or boils
  - No Yes
- Abnormal pigmentation
  - No Yes

**Neck:**
- Stiffness
  - No Yes
- Thyroid trouble
  - No Yes
- Enlarged glands
  - No Yes

**Respiratory:**
- Spitting up blood
  - No Yes
- Chronic or frequent cough
  - No Yes
Have you been in good general health most of your life?  No  Yes

*If no, please explain:*

**Allergies and Sensitivities:**

*Is there a history of skin reaction or other reaction or sickness following injections or oral administration of:*

- Penicillin or other antibiotics ......... No  Yes
- Morphine, Codeine, Demerol, other narcotics No  Yes
- Aspirin, empirin or other pain remedies ...... No  Yes
- Tetanus antitoxin or other serums .......... No  Yes
- Any foods, such as egg, milk or chocolate ...... No  Yes

*If so, list: _________________________________

*Any other allergies?  No  Yes*

*If yes, please list: _____________________________

**Neuro-psychiatric:**

*Have you ever had psychiatric care?  No  Yes  If yes, please explain: _________________________________

*Have you been advised to see a psychiatrist?  No  Yes  If yes, please explain: ______________________________________

*Have you ever had fainting spells?  No  Yes  If yes, please explain: _________________________________

**Immunizations:**

- **TETANUS** (within last 10 years) DATE: _________________________________
- **POLIO (IPV or OPV)** series of three (3) and boosters
  
  DATES: 1. _____  2. _____  3. _____  4. _____  5. _____  6. _____

- **MMR** series of two (2) DATES: 1. _________  2. __________

- **MENINGITIS** DATE: _________________________________

- **CHICKEN POX:** Date of Immunization ____________ OR Date you had Chicken Pox ____________

- **HEPATITIS A** series of two (2) DATES: 1. _______  2. __________

- **HEPATITIS B** series of three (3) DATES: 1. _______  2. _______  3. _______
If you have a disabling physical condition or history of disease such as, Rheumatic Fever, Heart Disease, Tuberculosis, Diabetes or a Convulsive Disorder, please describe the condition and the prescribed treatment below.

TO THE EXAMINING PHYSICIAN

The above named student has been accepted to participate in a California University of Pennsylvania faculty-led study abroad program. S/he will live and study in the country (or countries) indicated at the top of this form. This report should be based upon an examination made within six months of the expected overseas program participation.

1. Please indicate your relationship with the student (Note: Parent-Physician reports are NOT acceptable.)
   
   Family Physician    University Physician    Other (describe): ______________________

2. Review with the student the content of this form and the information that s/he completed. Please describe below any additional information that would help to further explain and/or clarify this information.

3. Based on your physical examination of this student, please explain your findings and recommendations.

   Physical Findings:

   Recommendations:

4. Is there any existing health condition that may require treatment during the period of study abroad? If so, what is the condition and what treatment may be required?

5. To your knowledge are there any predisposing medical, physical or emotional factors which under stress of adjusting to another culture and set of living conditions may require treatment while abroad? If so, please specify.

6. Review and update routine vaccinations, and destination specific medical needs, as you deem necessary.

I certify that I am a physician legally qualified to practice medicine in the state of _____________________; and that I have examined the above named Participant; that the above statements are correct; and that I find the Participant is neither mentally nor physically disqualified by reason of tuberculosis or any chronic or acute defect from successful performance as a program participant, except as noted above.

_________________________________________   ______________________________________
(Examing Physician)   (Address)

_________________________________________   ______________________________________
(Date of Examination)   (City)   (State)   (Zip)

Please return this form directly to: Dr. Summer Arrigo-Nelson, Department of Biological and Environmental Sciences, Box 45, California University of Pennsylvania, 250 University Ave., California, PA 15419