

**GLOBAL EDUCATION OFFICE
Medical Evaluation**

TO THE INDIVIDUAL PLANNING TO PARTICIPATE IN A PSU GLOBAL PROGRAM

It is extremely important that you disclose all of your medical history to the medical professional who will be performing your medical evaluation, even if you do not believe that your condition might create a problem for you while you are abroad. Individuals with an ongoing medical problem must take special precautions in preparing for and managing their situation overseas. The Global Education Office requires this Medical Evaluation in order to provide appropriate assistance to you should the need arise before or during your experience. This information will be kept confidential in accordance with the law. This information may be disclosed with your program leader and with the highest level of discretion in order to protect your privacy.

Last Name: _____ First: _____ Male Female

Program/Country: _____ Dates of Program: _____

I agree to make true and accurate statements regarding my health to the examining Physician/Health Practitioner:

Signature: _____ Date: _____

PARTICIPANT: DO NOT WRITE BELOW THIS LINE

TO THE PHYSICIAN/HEALTH PRACTITIONER CONDUCTING THE MEDICAL EVALUATION

****Physician/Health Practitioner must be licensed in the U.S. and cannot be an immediate family member.***

The person named above has been selected to participate in a Plymouth State University Global Program. Depending on the program, the participant may spend a week to a month abroad. Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. It is important that all participants are able to adjust to potentially dramatic changes in climate, diet, and living and traveling conditions that may be seriously disruptive to accustomed patterns of behavior. Traveling abroad does not provide a resolution to health problems experienced at home.

Name & Title: _____ Phone Number: _____

Address: _____

Yes No 1. Does the participant have any recent continuing health problems? (If yes, please explain)

Yes No 2. Does the individual have any existing health conditions that may require treatment during the period of the program? (If yes, explain the condition and what treatment may be required)

Yes No 3. Is the participant currently being treated or have they been treated within the past five years for a mental health condition? (If yes, please explain)

Yes No 4. Does the individual have any drug or food allergies? (If yes, please describe reaction)

Yes No 5. Is the individual taking any prescription medications? (If yes, please explain)

Yes No 6. Is there any additional information that would be helpful for the program to be aware of? (If yes, please explain)

Yes No 7. Does the individual have any conditions that will require accommodations while on this program? (If yes, please explain)

I have completed this medical evaluation based upon information disclosed by the individual named above:

Signature: _____ Date: _____

Submit this form to:

Plymouth State University: Global Education Office
MSC 44, 17 High St., Plymouth, NH 03264, Tel: 603-535-2336, Fax: 603-535-2528