

## Japan Study

### Health and Insurance Information Form

To be completed by the participant and submitted to the Japan Study Office, by March 10th

Name \_\_\_\_\_  
Program GLCA/ACM Japan Study  
Birth Date \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year Gender: M \_\_\_ F \_\_\_

**Insurance Company Name and Policy Number:**

*I understand that I must be covered by health and accident insurance during the length of the Program, and I have confirmed with my insurance provider that I will be covered outside the continental United States throughout the length of the Program.*

The purpose of this form is to allow program staff to be as helpful as possible to you as you prepare for and experience your off-campus study program. Mild physical or psychological disorders have the potential to become serious under the stresses of life while participating on an off-campus program. It is extremely important that the International Programs Office be informed of any medical or emotional issues, past or current, which might affect you in a study abroad context. The Japan Study Programs also encourages you to discuss health issues with a health care provider prior to your participation in the program.

The information provided here will remain confidential and will be shared with the program staff, faculty or professionals only as pertinent to your well-being. In some cases, the International Programs Office may need information from physicians, health care providers or counselors. Should the need arise, you will be asked to sign a consent for release of medical information. The International Programs Office and the program may not be able to accommodate all individual needs or circumstances. Each program is different.

1. Do you have any allergies?

Animals	_____yes	_____no	Please specify _____
Foods	_____yes	_____no	Please specify _____
Insects	_____yes	_____no	Please specify _____
Medications	_____yes	_____no	Please specify _____
Tobacco smoke	_____yes	_____no	Please specify _____
Other	_____yes	_____no	Please specify _____

2. If you answered yes to any allergies, do you have a medical regimen for dealing with those allergies) such as medication, injections, avoidance of foods or animals, etc.) Please explain.

3. Have you had any of the following in the last ten years?

Surgeries      \_\_\_\_\_yes      \_\_\_\_\_no      Give year and type of surgery

Injuries      \_\_\_\_\_yes      \_\_\_\_\_no      Give year and type of injury

Diseases/Illnesses \_\_\_\_\_ yes      \_\_\_\_\_no      Give year and type

Hospitalizations \_\_\_\_\_ yes      \_\_\_\_\_no      Give year and reason

Trauma      \_\_\_\_\_yes      \_\_\_\_\_no      Give year and type

4. Are you currently taking /regularly take any medications? \_\_\_yes \_\_\_no  
Please list and explain.

5. Are you on a special, restricted or medically prescribed diet? \_\_\_yes \_\_\_no  
Please explain.

6. Have you ever been treated treated for any psychological or emotional disorders? \_\_\_yes \_\_\_no

Please indicate and explain:

\_\_\_eating disorder

\_\_\_major depressive disorder

\_\_\_generalized anxiety disorder

\_\_\_bipolar disorder

\_\_\_schizophrenia

\_\_\_substance abuse

\_\_\_hospitalized for any mental health issue or substance abuse

7. Are you **currently** being treated for any psychological or emotional disorders? \_\_\_yes \_\_\_no

Please indicate:

\_\_\_eating disorder

\_\_\_major depressive disorder

\_\_\_generalized anxiety disorder

\_\_\_bipolar disorder

\_\_\_schizophrenia

\_\_\_substance abuse

\_\_\_hospitalized for any mental health issue or substance abuse

8. Have you ever used or are you entitled to use disability accommodations at your home college?

\_\_\_\_yes \_\_\_\_\_no

If yes, please list your current accommodations and attach your accommodations letter.

9. What medical, physical or emotional conditions do you have that currently limit your activities?

10. Please include any additional information concerning your medical, physical or emotional condition, particularly any pre-existing conditions.

## Health Policy Agreement

**I certify that all responses made on this Health Information Form are true and accurate.**

**Failure to disclose complete and accurate information on the health form could result in dismissal from the program.**

**Failure to update the program of any changes listed on this health information form, or any new conditions or medications could result in dismissal from the program.**

I agree to inform the Japan Study Program of any changes in my health that occur prior to the start of the program. I will notify the Resident Director and Program Associate of any changes in my health that occur after the start of the program.

I understand that, in the event of an emergency during the off-campus programs, the College reserves the right to notify my parent/s or guardians.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_