Cleveland State University
Center for International Services & Programs

2121 Euclid Ave. MC 106
Cleveland, OH 44115
Phone: (216) 687-3910
Fax: (216) 687-3965
www.csuohio.edu/international

Health & Wellness Form (Optional)

The purpose of this form is to help Cleveland State be of assistance to you should the need arise during your study abroad experience. Mild physical or psychological conditions can become more serious under the stresses of life while traveling abroad. Moreover, the system of US health care is unlikely to be replicated in your host country. It is therefore *extremely* important that we be made aware of any medical or psychological/psychiatric conditions, previous or current, that you may (have) suffer(ed) from so that the faculty director abroad will be better able to respond appropriately should any such condition become exacerbated in a foreign study context.

Please answer the following questions as honestly and completely as possible. Providing the information requested by this form is not absolutely mandatory, but given the particular stresses and risks involved in study abroad, your refusing to do so could hinder your success in the program or that or others. The information will only be used in circumstances where it is judged by the faculty director to be essential to your well-being. Please indicate "N/A" if the question is not applicable to you.

I, the understated, consent to sharing my medical history information with the staff of CISP and the faculty-director of my above named CSU program abroad.

Name of Student	Student ID Number
Signature	Date
Parent/Guardian's Signature (If Under 18 Years of Age)	Date

1. Please describe any chronic conditions (such as asthma, diabetes, epilepsy, depression, bi-polar disorder, etc.) that you may suffer from, even if currently controlled by medication:

2. Please give details of any hospitalizations within the past three years:

3. If you are currently receiving, or have received in the past three years, counseling for the treatment of any emotional problem, drug addiction, alcoholism, psychiatric condition, or eating disorder, please describe:

4. Please describe any other physical or mental health conditions or concerns you may have:

Cleveland State University
Center for International Services & Programs

2121 Euclid Ave. MC 106
Cleveland, OH 44115
Phone: (216) 687-3910
Fax: (216) 687-3965
www.csuohio.edu/international

Health & Wellness Form (Optional; Cont.)

5. Please list any prescription or over- the- counter medications you are currently taking. If possible, include the generic name of the drug. (Be sure to take a sufficient supply of critical, prescription medications to last for the duration of your stay abroad.)

6. Please list all allergies (including drug allergies)

Emergency Contact Information

Name of Contact No. 1	Relationship
Street Address	City State Zip
Main Telephone No.	Optional Telephone No. – and/or – Email Address
Name of Contact No. 2	Relationship
Street Address	City State Zip
Main Telephone No.	Optional Telephone No. – and/or – Email Address

Additional comments or concerns that you wish the study abroad staff to be made aware of regarding your participation:

Submit signed form to Center for International Services and Programs, MC 106