



Health Information

All students participating in a Study Abroad program are required to complete the Health Information Form. This information is used to advise the Study Abroad Staff of health issues and assist in making any necessary preparations. By signing the Release and Waiver you have authorized Morehouse College Study Abroad staff or its agents to release medical information contained in the Study Abroad Center to health care providers and to secure medical treatment on your behalf in the event of emergency medical illness or injury. You have also agreed to accept financial responsibility for the treatment.

Mental Health

Learning abroad can be both fulfilling and challenging for all students and can present some additional challenges for students with mental health conditions. Even if you have no history of a mental health condition, it is possible that the impact of cultural adjustment or being in a foreign environment can influence your well-being.

The Health Information Form requires you to disclose any past and current mental health issues, family history of mental health, indications of mental health concerns, and current prescription medicines. It is imperative for the Study Abroad Center staff to have this information before you study abroad in order to best support you and provide reasonable accommodations.

Past or current treatment for psychiatric and mental health conditions does not preclude you from studying abroad. However, if a healthcare professional recommends no travel or travel under certain conditions that cannot be met at a certain study location, you may be encouraged to focus on your health first and postpone program participation until a later time.

The following steps for managing mental health are important, regardless of where you will be traveling:

- Meet with your mental health professional prior to departure to discuss:
 - learning abroad and implications of learning abroad
 - your plan to manage your health while abroad
 - access to alternative support networks
- Discuss a realistic communication plan for your time abroad with your support networks (i.e. family and friends).

- Understand that ups and downs are normal during study abroad. Check in with yourself often and seek support if you are feeling ups and downs that are more intense than to be expected.
- Connect with a Counseling and disabilities Center on Campus prior to departure to set up onsite care with a mental health care professional, should you require this support.
- Plan to bring sufficient amounts of prescriptions with you for the entire duration of your program. Work with Program staff to be sure you can safely bring all necessary prescriptions abroad.

Physical Health

Before you depart for studying abroad, understand the health conditions in your host country and obtain information about appropriate precautionary measures. The following steps are important, regardless of where you will be traveling:

- Eat lightly for several days after arrival until your system has had a chance to adjust to changes in climate and food. Adjusting to a new diet often causes mild intestinal upsets or diarrhea. You may wish to pack an anti-diarrhea medication. You should also check on other health issues, such as whether it is safe to drink the local water, and ask your doctor about preventive medication for the common illnesses that can result. If you are very ill, see a doctor.
- Some drugs available by prescription in the US are illegal in other countries. To determine the legality of your prescription, review the US Department of State Travel information regarding [prescriptions abroad](#), and consult [Consular Information](#) for the country(s) you intend to visit.
 - If your medication is legal but simply not available in the country you will be visiting, ask your health-care provider to write an official letter stating the medication has been prescribed.
 - In most cases, it is not legal or feasible to mail prescriptions from the US overseas. Plan to take enough in original bottles for your full program.
 - If your insurance only allows a few months of prescription at a time and this isn't enough for your term abroad, call your insurance company and ask for an exception. A copy of your acceptance from the Study Abroad office will often assist your appeal.
- If you have a medical condition that is not easily identified (diabetes, epilepsy, severe allergies), you should wear a medic alert bracelet while you are abroad and consider translation. You should also inform the Study Abroad Program Director

- (s) , traveling companions, and on-site staff so that they can be prepared in case of an emergency. Be sure to discuss a plan with your physician before you leave home.
- HIV/AIDS is a major concern in some locations. While abroad, avoid injections and blood transfusions. If an injection is required, make sure that the syringe comes directly from a sealed package. Diabetics are encouraged to bring a sufficient supply of needles and syringes with a prescription or doctor's authorization. Avoid ear piercing and tattooing while abroad.

INTERNATIONAL STUDENT TRAVEL ASSUMPTION OF RISK AND GENERAL RELEASE FORM

Name of Participating Student: _____ MID# _____
Description of International Travel: _____
Course Number/Name (if applicable): _____
Faculty Trip Leader: _____
Destination (s): _____
Date (s): _____

I am a student at Morehouse College (“Morehouse”) and have chosen voluntarily to participate in the international student travel described above (the “Trip”). The international student travel is understood to include all activities at the destination(s), and all travel to and from such destination(s). This agreement confirms my understanding of the following:

1. **Risks of International Travel:** I understand that participation in the Trip and international travel may involve risks not found in study at Morehouse. These include without limitation risks involved in traveling to, from, and within international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the U. S., and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.
2. **Personal Responsibility:** I also acknowledge that in working, living and traveling in cities abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed in the U. S. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Morehouse recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.
3. **U. S. State Department Warning:** I understand that, although Morehouse has organized this Trip and international travel, it cannot eliminate all risks or guarantee my safety while I am abroad. I have read and understood all information on the U. S. State Department website (<http://travel.state.gov>) about the country or countries to which I am traveling, including, without limitation, the U. S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U. S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World

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Health Organization website (<http://www.who.int/>). With knowledge of this information, I have made the independent judgment to participate in the Trip and international travel.

4. **Health Insurance; Medical Care; Health and Safety Concerns:** I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the trip and international travel. I will be solely responsible for payment in full of all costs of medical care I may receive overseas.
5. **Health Insurance Form:** I authorize Morehouse to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify Morehouse for all actions taken by Morehouse to provide necessary emergency medical care to me during the trip. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then Morehouse may contact my parents or any other person whose name I have provided as my “emergency contact.” I understand that Morehouse ordinarily will not initiate such contact without first having a discussion with me.

I certify that all responses made on the **Health Information Form** are true and accurate, and I will notify the Study Abroad Program hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the Study Abroad Program will do its best to accommodate my needs, though not all accommodations are possible. I understand that it is my responsibility to visit a travel clinic, and plan for my medical needs overseas in consultation with my doctor(s), U.S. insurance company, and others. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation and any refund appeals.

6. **Standards of Conduct:** I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with Morehouse’s policies for student conduct (including without limitation those set forth in the *Student Handbook* and in any Trip-specific materials); with the policies of my host institution/organization (if any); and with any instructions given by the Trip leaders. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with Morehouse’s policies, standards and instructions for student behavior. I agree that Morehouse has the right to enforce all standards of conduct described above.

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7. **Travel Arrangements:** I understand that Morehouse does not represent or act as an agent for and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Trip. I understand that Morehouse is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.
8. **ASSUMPTION OF RISK:** Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. Additionally, I acknowledge and agree that I fully understand that participation in the Trip involves risks of serious bodily injuries, including, but not limited to, death, injury, or illness from accidents of any nature whatsoever, whether severe or not, temporary or permanent, that may occur as a result of participating in the Trip or contact with related physical surroundings, equipment, or other persons; loss or injury as a result of a crime or criminal act by third parties, terrorism, war, civil unrest, riot, arrest, or any other act of any government or authority; theft or loss of personal property during the my participation in the Trip; loss, death, or injury as a result of any pandemic, natural disaster, event, or extreme weather conditions or events; and unexpected alteration of the Trip, including delay, extension, or cancellation of the Trip due to pandemic, natural disaster, civil unrest, war, terrorist attack, medical quarantine, or any other disturbances or causes. Recognizing that certain circumstances may impact the Trip and are outside of Morehouse's control, I knowingly and freely assume all risks, both known and unknown, associated with participation in the Trip for myself and each and every of my representatives, agents, estates, heirs, executors, administrators, successors, conservators, and/or assigns
9. **RELEASE AND INDEMNIFICATION:** To the maximum extent permitted by law, I voluntarily, irrevocably, and unconditionally release, hold harmless and indemnify Morehouse, its related and affiliated entities, and its and their past, present, and future trustees, directors, administrators, officers, employees, staff, volunteers, agents, attorneys, insurers, representatives, and assigns (collectively, "Released Parties"), from any and all charges, complaints, claims, liabilities, obligations, agreements, damages, actions, causes of action, suits, demands, costs, expenses, losses, and/or debts (including any attorneys' fees) of any kind, nature, or cause that relate to my participation in the Trip (including periods in transit to or from my destination), including, but not limited to, (i) those involving personal injury (including death) or property damage relating to myself or others or (ii) negligence on my part or on the part of any of the Released Parties. However, I understand that nothing in this paragraph shall act as a waiver of any rights I may have under the Georgia Workers' Compensation Act.
10. **COVENANT NOT TO SUE:** To the maximum extent permitted by law, I hereby agree,

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on my own behalf and that of my parents, representatives, agents, estates, heirs, executors, administrators, successors, and assigns, and covenant not to sue the Released Parties, or any one or more of them, for or in connection with any claims covered by the release and waiver provisions contained herein. I affirm that I have not asserted and will not assert in any forum or venue whatsoever any claims described in the release or waiver provisions herein. For the avoidance of doubt, my waiver set forth in this paragraph is not intended to and does not govern any claims that cannot be released by private agreement.

11. **WAIVER**: To the extent any claim is made by any person or entity against any of the Released Parties, or any one or more of them, in connection with or related to my participation in the Trip, I hereby waive, on my own behalf and that of my representatives, agents, estates, heirs, executors, administrators, successors, and assigns, any claim for or right to monetary damages or any other form of personal relief in connection therewith.
12. **SPECIFIC ACKNOWLEDGMENT OF NEGLIGENCE WAIVER**: The “Assumption Of Risk”, “Release and Indemnification”, “Covenant Not To Sue”, and “Waiver” provisions contained herein are intended to include any property or personal loss or damage or other loss caused or alleged to be caused, in whole or in part, by the ordinary negligence (but not gross negligence) of the Released Parties, or any one or more of them.
13. **CERTIFICATION**: I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I understand that I have the right to consult an attorney of my choice before signing. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this agreement exist. I agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable. I agree that this agreement shall be governed by the laws of the State of Georgia, which shall be the forum for any lawsuits that are entitled to be filed under or incident to this agreement or the Trip.

Signed: _____ Date: _____

Student Name (print) _____

Morehouse College Residential House Affiliation (if applicable): _____

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If student is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the student listed above (the "Student"), do hereby consent to his or her participation in the Trip and in international travel as part of the Trip. I have read, acknowledge, and understand the contents contained in this Assumption of Risk and General Release Form, including the risks that are being assumed by Student's participation in the Trip, the requirements of Student when participating in the Trip, and the rights and remedies being waived by Student by executing this Assumption of Risk and General Release Form. I, as the parent of the Student and on behalf of myself and the Student, voluntarily, irrevocably, and unconditionally release, hold harmless and indemnify the Released Parties from and against any and all charges, complaints, claims, liabilities, obligations, agreements, damages, actions, causes of action, suits, demands, costs, expenses, losses, and/or debts (including any attorneys' fees) of any kind, nature, or cause that relate to Student's participation in the Trip (including periods in transit to or from Student's destination), including, but not limited to, (i) those involving personal injury (including death) or property damage relating to Student or others or (ii) negligence on Student's part or on the part of any of the Released Parties.

Signed: _____ Date: _____

Name (print): _____

EMERGENCY CONTACT INFORMATION:

United States

First Contact

Name: _____ Relationship: _____

Telephone (home): _____ Telephone (cell): _____

Email Address (es): _____

Second Contact

Name: _____ Relationship: _____

Telephone (home): _____ Telephone (cell): _____

Email Address (es): _____



Date	Print Name (Last, First)	Student ID Number	DOB
Address		Contact Phone #	

ITINERARY

Date of Departure: _____ Return Date: _____

Please indicate, in the order you will visit them, the countries you are traveling to. Also indicate length of stay in each country.

Destination (City, Country)	where will you stay?	Length of stay
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Please circle all that apply to your travel plans:

Major Resort Hotels	Cruise Ships	Camping	Rural Travel	Staying With a Family	Small Hotels
Safari	Outdoor Activities	Rented Foreign Home	Youth Hostel	OTHER:	

What is the purpose of travel? (Please Circle)

Business	Student	Vacation	Missionary	Teacher	Volunteer Agency
Field Work	Climbing	Diving	OTHER:		

Please circle all the vaccines you have had:

Please circle in the vaccines you have had:				
Cholera	Immune Globulin	Mumps	Rabies	Typhoid (Oral or injectable)
Diphtheria	Japanese Encephalitis	Pertussis	Rubella	Varicella
Flu Vaccine	Malaria Drugs	Plague	Smallpox	Yellow Fever
Hepatitis A	Measles	Pneumococcal	Tetanus	
Hepatitis B	Meningococcal	Polio (Oral or Injectable)	Tuberculin Test	

Do you have a current Travel Immunization Record? Yes No

IMMUNIZATIONS

YES **NO**

Have you ever fainted from having your blood drawn or from an injection?		
Have you had a fever reaction to a vaccination?		
Have you ever had any bad reaction or side effect from any vaccination?		
Have you ever had Hepatitis A or B vaccine?		
Do you live (or work closely) with anyone who has AIDS, an AIDS-like condition, any other immune disorder, or who is on chemotherapy for cancer?		
Do you have a family history of immunodeficiency?		
Have you received any injection of immune globulin or any blood product during the past 12 months?		



Date

Print Name (Last, First)

Student ID Number

DOB

GENERAL MEDICINE

YES

NO

Do you have a medical condition that warrants maintenance medications or physician follow-up?		
Do you have a medical condition that is stable now, but that may recur while traveling?		
Have you had an acute illness or a fever in the past 48 hours?		
Do you have asplenia?		
Do you have HIV, AIDS, an AIDS-like condition, immune deficiency or other immune disorder, leukemia, or cancer, or are you taking immunomodulatory drugs or are you post-transplant?		
Do you have severe combined immunodeficiency disease?		
Do you have a history of problems with your thymus, such as Myasthenia Gravis, DiGeorge syndrome, or thymoma?		
Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?		
Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?		
Do you have any stomach conditions?		
Do you have a G6PD deficiency?		
Do you have severe renal impairment?		
Do you have bowel conditions such as diarrhea or constipation?		
Do you have congenital malformation of the GI tract or chronic GI disorder?		
Have you ever had hepatitis or yellow jaundice?		
Do you have a history of psychiatric problems?		
Do you have a problem with strange dreams and/or nightmares?		
Do you have insomnia?		
Do you have psoriasis?		
Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis?		
Cardiac disease, with or without symptoms?		
Do you have any eye conditions?		
Are you prone to motion sickness?		
Do you have asthma or wheezing?		
Do you have multiple sclerosis?		



Date**Print Name (Last, First)****Student ID Number****DOB****MEDICATIONS****ARE YOU TAKING OR WILL YOU BE TAKING THE FOLLOWING:****YES****NO**

Quinine, quinidine or medications for a cardiac conduction defect?		
Chloroquine, Mefloquine, or Proguanil to prevent malaria?		
Proguanil to prevent malaria?		
Steroids, prednisone, cortisone or anti-cancer drugs?		
Antibiotics or sulfonamides?		
Ketoconazole?		
Pepto-Bismol to prevent travelers' diarrhea?		
Antacids?		
Aspirin therapy (children and adolescents)?		
Medications for emotional problems?		
Medications for convulsions?		

ALLERGIES**ARE YOU ALLERGIC OR HYPERSENSITIVE TO THE FOLLOWING:****YES****NO**

Any medications?		
Amphotericin B?		
Penicillin or Sulfa?		
Mercury or Thimerosal?		
Streptomycin?		
Gentamicin?		
Neomycin?		
Polymyxin?		
Kanamycin?		
Sulfites?		
Sodium metabisulfite		
Protamine sulfate?		
Aluminum or aluminum hydroxide?		
Benzethonium chloride?		
2-phenoxyethanol?		



Yeast?		
Eggs, egg protein, ovalbumin, or chicken protein?		
Chlortetracycline?		
Latex?		
Gelatin?		
Soy?		
Lactose?		
Bovine/calf/fetal serum albumin, protein, or extract?		
Formaldehyde or formalin?		

*Note: A “problem” listed above may be a contraindication or merely a precaution or merely an issue that warrants further discussion between the health care provider and patient to discuss risks/benefits of vaccination with that particular vaccine. The above “problem” list presents some common issues that arise in a pre-travel consultation but is not all-inclusive. Likewise, the list of allergies, hypersensitivities, and vaccine excipients is not comprehensive; providers should always check package inserts carefully. See CDC’s Epidemiology and Prevention of Vaccine – Preventable Diseases (the “Pink Book”) and Appendix B for a complete list of vaccine excipients.

COMMENTS:

SIGNATURE OF TRAVELER: _____

DATE: _____

SIGNATURE OF HEALTH CARE PROVIDER: _____

DATE: _____

The information in this questionnaire is not a substitute for medical advice from a health care provider on an individual basis.

NOTE: Upon reviewing and approving your travel health forms, the AUCC Student Health & Wellness Center medical professional will sign as the Health Care Provider.

**STUDENT HEALTH
SERVICES FINANCIAL
INFORMATION FORM**

Typically there are charges for your travel service visit and for any immunizations.

1. Is a Morehouse College /department responsible for paying the charges?

_____Yes _____No

If yes, complete the following:

Name of Departmental Contact Person: _____

College/Department: _____

Building Address for Contact Person: _____

Phone Number for Contact Person: _____

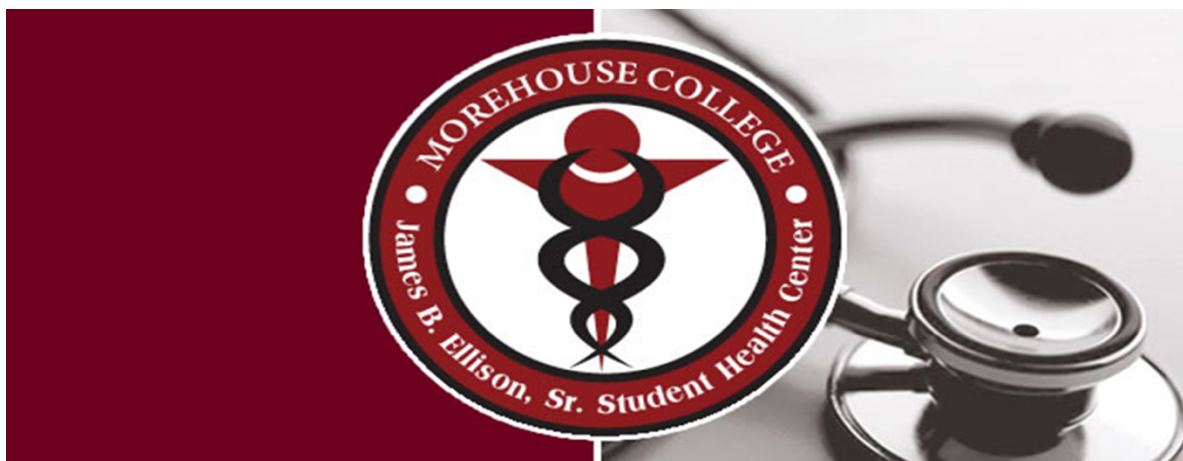
2. If the answer to Question 1 is No, the charges can be paid at the Bursar's Office on the 2nd floor of Gloster Hall.

Patient's Name (PRINT)

Patient's Signature

Date

MC ID #



Medical Questionnaire for Malarone

Name_____ Date_____

Address_____ City_____ State_____ Zip_____

- | | | |
|--|-----|----|
| 1. Are you allergic to Atovaquone, Proguanil, or Malarone? | Yes | No |
| 2. Do you have kidney disease? | Yes | No |
| 3. Are you taking Tetracycline, Doxycycline, Metoclopramide (Reglan), Rifampin, Rifabutin, or any product containing Proguanil (Paludrine) or Atavaquone (Mepron) other than Malarone? | Yes | No |

Patient Informed Consent:

I have completed this form to the best of my ability and certify that I am the recipient of the Malarone requested. I have had the opportunity to discuss the risks and benefits of Malarone and my questions have been answered to my satisfaction.

Patient Signature:_____ Date_____

Reviewed by:_____ Date_____



Health Information Form

The purpose of this form is to help the Study Abroad Program assist you in preparing for your time abroad. Please answer all questions openly and honestly. While it can be difficult to share health information, timely disclosure allows the Study Abroad Program to support your overseas experience effectively. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in an international study context. The information provided will be protected as private student data under FERPA and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well being in a housing placement or academic setting. The Learning Abroad Center will do its best to assist you, but may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

MEDICAL HISTORY		
Name		Email
Program		Phone
	Year(s)	Term
Yes No	1. Are you currently being treated, or have you been treated, within the past five years for a physical health condition, injury, or diseases? (If yes , please explain and include any ongoing treatment and indicate where the condition is congenital).	
Yes No	2. Are you currently being treated, or have you been treated in the last five years, for a mental health condition (e.g., addiction, depression, anxiety, eating disorder, or a condition related to loss or grief)? (If yes , please explain how you plan to manage your treatment while overseas.)	
Yes No	3. Do you have any allergies? (If yes , please explain and include any ongoing treatment required while overseas.)	
Yes No	4. Are you taking any medications (prescription, over-the-counter)? (If yes , please explain what the medication is used	

	for and how you plan to continue use while overseas.)
Yes No	5. Are you a vegetarian, or are you on a restricted diet? (If yes , please explain.)
Yes No	6. Do you have any mobility or physical activity restrictions (due to a disability, obesity, or cardiac condition that may require accommodations to fully participate in a learning abroad program, etc.)? (If yes , please explain and attach relevant Disability Services documentation for learning abroad.)
Yes No	7. Do you believe you have a health condition or disability (e.g., learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations to fully participate in a learning abroad program? (If yes , please explain and attach relevant documentation.)
Yes No	8. Do you have a hearing or visual loss that may require reasonable accommodations to fully participate in a learning abroad program? (If yes , please explain and attach relevant documentation.)
Yes No	9. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience? (If yes , please explain.)

By signing below I certify that all responses made on this Health Information Form are true and accurate, and I will notify the Study Abroad Program hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the Study Abroad Program will do its best to accommodate my needs, though not all accommodations are possible. I understand that it is my responsibility to visit a travel clinic, and plan for my medical needs overseas in consultation with my doctor(s), U.S. insurance company, and others. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation and any refund appeals

Applicant signature _____ **Date** _____