

MUHLENBERG COLLEGE

Health Insurance Information and Medical History

Name:
Study Abroad Program:

HEALTH INSURANCE INFORMATION: Please list your current primary health insurance carrier:	
_____	_____
Company or Program	Policy Number
Mandatory secondary health insurance coverage, administered by STA Travel, will be in effect during the period of your study abroad program.	
Person to contact in case of an emergency:	
Name _____	Relationship _____
Address _____	Phone No. _____
_____	Email address _____
Personal Physician	
Name _____	Phone No. _____
Address _____	

Additional Information	

MEDICAL HISTORY: This information will be retained in the International Programs Office and may be provided to an accompanying faculty member (if applicable) and may be provided to the host institution.

Students with a documented medical condition, mental health condition, physical disability, learning disability, or special need have been considered for participation in a Study Abroad program under the same guidelines and criteria established for all students. Although reasonable effort will be made to provide similar support and accommodation to those received at Muhlenberg College, some sites may not be as accessible as others and the support and accommodations may differ from what is received on the Muhlenberg College campus. If you request accommodations for or care while abroad, please provide verification of your need from Academic Support Services, Counseling Services or Student Health Services. **It is the student's responsibility to provide documentation well in advance of arrival at the host institution.** This information will be retained in the International Programs Office and will be provided to an accompanying faculty member and may be provided to the host institution.

MEDICAL CONDITIONS: Do you have any medical conditions or allergies requiring special attention (e.g., diabetes, ongoing allergy treatment) **which an overseas program should be aware of** (*circle one*)?

YES

NO

If yes, please specify:

If yes, please list any medications that you currently take to treat the medical condition:

MENTAL HEALTH: Have you ever been under the care of a mental health professional (e.g., psychologist, psychoanalyst, psychiatrist) for an ongoing condition **which an overseas program should be aware of?** (*circle one*)

YES

NO

If yes, please specify:

If yes, please list any medications that you currently take to treat the medical condition:

STUDENTS WITH A DOCUMENTED DISABILITY OR SPECIAL NEED: Students with a documented disability, or special need have been considered for participation in a Study Abroad program under the same guidelines and criteria established for all students. Although reasonable effort will be made to provide similar support and accommodation to those received at Muhlenberg College, some sites may not be as accessible as others and the support and accommodations may differ from what is received on the Muhlenberg College campus. If you will request accommodations for a disability or special need while abroad, please provide verification of your disability or special need from Academic Support Services, Counseling Services or Student Health Services. I anticipate requesting accommodation for a disability or special need while studying abroad: (*circle one*)

YES

NO

I certify that the information supplied on this form is true and correct.

Signature

Date

If the signatory fails to disclose information pertinent to this form, Muhlenberg College will not be held responsible for any consequences of the failure to disclose said information.