

RUTGERS–CAMDEN LEARNING ABROAD MEDICAL RELEASE FORM

This form must be signed by a medical provider and is mandatory of all Rutgers–Camden travelers. It is strongly advised that you have this form completed by the Rutgers–Camden Student Wellness Center (located on the second floor of the Campus Center). Information will remain confidential and will be provided only to staff in the Office of International Students & Global Programs, the faculty director(s) of the Learning Abroad course, and those with a need to know for the purpose of providing any necessary accommodations or in the event that medical attention is necessary. This form must be submitted to the Office of International Students & Global Programs no later than:

February 1st (*spring courses*)

December 1st (*fall courses*)

I. STUDENT INFORMATION (*To be completed by the student*)

STUDENT NAME: _____ RUID: _____

PROGRAM LOCATION AND DATES: _____

1. Do you have any dietary restrictions? (*If Yes, explain*)

Yes No

2. Is there anything you would like to make your faculty director aware of? (*i.e. illnesses, conditions, or accommodations. If Yes, explain*)

Yes No

II. MEDICAL INFORMATION (*To be completed by the medical provider*)

This student has been accepted into a Rutgers–Camden Learning Abroad course. In the interest of the student's safe and successful participation, we appreciate your cooperation in answering the following questions and adding any information that you feel is relevant to the student's ability to participate.

1. Does the student have any allergies to medications, food, insects or plants or other? (*If Yes, explain*)

Yes No

2. Is the student taking any medications? (*If Yes, explain*)

Yes No

(See page 2)

(continued: II. Medical Information)

3. Does the student have a current or history of a chronic medical condition? (If Yes, explain)

Yes No

4. Does the student have a current or a history of a psychological condition? (If Yes, explain)

Yes No

5. Are routine immunizations up to date? (If No, explain)

Yes No

6. Does the student require any special accommodations while abroad? (If Yes, explain)

Yes No

7. Please address any concerns you may have about the student studying abroad at this location.

8. Reviewed itinerary and made recommendations for travel to location listed on page 1?

Yes No

a. Recommended, administered, or prescribed vaccinations and/or medications? (Please list, if applicable)

Yes No

MEDICAL PROVIDER'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

Completed forms can be uploaded to your online application, emailed, faxed, mailed, or brought to the Rutgers–Camden Office of International Students & Global Programs.

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