

Health Information

Off-Campus Course: _____ Term: _____

I certify that I am physically, mentally, and emotionally capable of participating in the activities of the course. I agree to provide upon request a written statement that I have been examined by a qualified health care professional who reports that I am in good health, may travel as required, and am free from any physical or mental condition requiring medical, surgical, or other care or treatment which might endanger the health or safety of myself or those with whom I may come in contact.

Are you currently seeing a health professional for health-related issues? Yes No

Allergies: _____

Regularly taken medications: _____

Dietary restrictions: _____

Other health conditions: _____

I certify that I will have the necessary quantity of all medication needed for the duration of the trip and assume all responsibility for taking said medication.

I understand it is my responsibility to schedule an appointment at the Student Health Center, with my family doctor, and/or a travel clinic at least 4-6 weeks before I leave. All students who participate in international off-campus courses receive information pertinent to the locations they are visiting from the Student Health Center.

I certify that I am covered by the following medical insurance plan and will be covered for the duration of my involvement in this course. I have or will contact my insurance company regarding my travel.

Name of Insurance Provider

Subscriber Name

Insurance Card Number/Group

In case of an emergency, I grant Cornell permission to contact the following individual and discuss any medical or personal situation I may encounter during the course trip:

Name

Relationship

Street Address

City, State, Zip

Phone Number (home)

Phone number (cell)

Email

I certify this information is true to the best of my knowledge and acknowledge that providing falsified information can result in my immediate removal from the course. If my medical situation changes between now and the course start date, I will notify the Office of International & Off-Campus Studies as soon as possible.

Signature of Participant

Date

Printed Name

Date of Birth

Phone number (cell)

Return to Office of Int'l & Off-Campus Studies [Old Sem 2nd floor] prior to departure

March 1, 2011