

# Adelante Abroad Confidential Health History Information for Internship or Study Abroad



All candidates must complete this Health History Information in order to participate in an Adelante Abroad program. Pre-existing physical and emotional difficulties can be intensified by living in a foreign environment. It is important that you disclose all of your medical history. By providing an honest account of your physical and mental health Adelante Abroad is better able to prepare you properly for your experience abroad.

The information below may be used by Adelante Abroad in an emergency medical situation where the candidate is unable to provide the information to a medical provider by themselves. By requesting this information Adelante Abroad is in no way accepting or assuming any responsibility for monitoring or overseeing the general health of the candidate. Adelante Abroad requires all candidates to have medical insurance which provides coverage while in a foreign country.

Printed Name of Candidate:

Date of Birth:

Passport Country & Number:

Health/Accident Insurance Carrier:

(Please ensure your insurance covers you for overseas travel)

1) Please list any chronic or acute medical conditions you may have (if none, put N/A):

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2) Please identify all known allergies you may have to foods, medicines, insect bites etc and the nature of your reaction (if none, put N/A):

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3) If you are currently taking medication, please indicate the medicine and the reason for its use. Candidates are responsible for taking medicine as prescribed and ensuring they have a sufficient supply of medication for their time abroad. (If none, put N/A):

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4) In the last two years, have you consulted or been treated by a psychologist, clinical psychiatrist, drug/alcohol counselor or other mental health professional for **any** mental, emotional or psychological condition? Please give details. (if none, put N/A):

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If you answered yes to #4, please have your treating professional complete the Confidential Health Report on page 2.

By signing below I confirm that all of the information provided on this form is accurate and complete. I hereby authorize release of this information by Adelante Abroad if deemed medically necessary.

Signature

Date