

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



All candidates must complete this Health History Information Form within TWO WEEKS of receiving their Program Confirmation Email 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

# Adelante Abroad Confidential Health Report for Internship or Study Abroad Program



Candidate Name:

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Program Abroad:

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## To the Appropriate Medical Professional:

Interning or studying abroad is an exciting and valuable experience as well as a physically and mentally challenging one. Mild or pre-existing health conditions can become serious for some candidates as they transition into an unfamiliar culture and environment. For this reason, Adelante Abroad asks all candidates to disclose their health history so that they are fully prepared for their experience abroad.

In certain cases, we require further assessment from a Health Professional to determine whether there may be any health reasons that a candidate should consider not participating in our program at this time.

In order to ensure the candidate's well being, we are requesting full disclosure of any health issues that could be potentially problematic for this candidate overseas. Please give as much detail as possible in answering the following questions.

**I have read the information above and based upon the information provided to me by the participant and after a review of the participant's personal health history, I conclude that:**

*(Please check one box and supply information as necessary):*

**CLEARED.** There are NO medical or psychiatric conditions preventing participation in the Adelante Abroad program.

**CLEARED WITH CONDITIONS.**

Participant has the following serious or chronic condition:

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Participant requires the following medications and dosage:

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Participant should arrange to have a sufficient supply of medication to last the duration of the program or provide assurance that the medication is locally available.

**NOT CLEARED.** There are medical and/or psychiatric conditions which will prevent participation in the Adelante Abroad program.

**Licensed Specialist/Healthcare Professional PLEASE PRINT name and title clearly:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

**By signing below I confirm that all of the information provided on this form is accurate and complete:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date