



SCU BURKINA FASO MEDICAL FORM

TO BE COMPLETED BY YOUR PHYSICIAN

Send completed form to:
 SCU Burkina Faso Program Assistant
 International Programs Office, Kenna 110
 Santa Clara University
 Santa Clara, CA 95053

This form is to be completed by the physician or physician's assistant who has been involved with the participant's ongoing, comprehensive care. Participant: Please return completed form to Santa Clara University before you departing for Burkina Faso.

Student Name _____

Length of time applicant has been your patient _____ Date of Exam _____

Health History

Past hospitalizations (including surgeries) _____

Significant past illness _____

Significant family history _____

Medicines (including recurrent non-prescriptives) _____

Significant medical problems _____

Allergies _____

Comments _____

General Physical

Wt. _____ Ht. _____ B.P. _____

Note - for normal & + for abnormal:

General Appearance _____ Eyes _____ Ears _____ Nose _____ Mouth _____ Skin _____

Adenopathy _____ Chest _____ Heart _____ Abdomen _____ Extremities _____ Neurological _____

Medical status exam _____

Please expand on any abnormalities noted above: _____

Immunizations

Below are the immunizations **required** by the SCU Burkina Faso program in Burkina Faso. Please check the immunizations that the student has received and date when they were given.

Typhoid _____ Hepatitis A _____ Hepatitis B _____

Boosters (Measles / Tetanus) _____

Physician's Name _____

Print

Signature

Address _____ Phone _____



SCU BURKINA FASO PROGRAM
MEDICAL SELF-DISCLOSURE
TO BE COMPLETED BY THE STUDENT

This form is intended to provide your study abroad staff with information about your health. This information is required so that they may assist you with any type of health problems that may arise while you are overseas. It is important that the staff know what types of treatment or services you are currently under or may require.

Your doctor can provide some of this information on the reverse of this form, but we want to give you the opportunity to share any detailed information that you feel the staff of the SCU Burkina Faso program may need to know in order to take the best care of your needs in Burkina Faso. In some cases, specific health-related services or treatments may not be available and it is important that you be informed of this in advance. Any information about your health will be held in the strictest of confidence.

Current Information

If you feel that any of the medications listed on the reverse side need additional explanation (as to why you are taking them), please feel free to list that here: _____

Dietary restrictions _____

Significant medical conditions (Please include physical, as well as any psychological/emotional issues) _____

Medical treatment or services that you currently receive that you anticipate you will/may need during your study abroad experience:

Are you registered with the Disability Resource Center at Santa Clara University (or if not an SCU student, are you registered on your home campus?) _____

Release: I authorize Santa Clara University's Office of International Programs/SCU Burkina Faso to release this information in the event that it is needed to assist me in obtaining medical treatment while I am abroad. I understand that this information will be held in the strictest confidence and only utilized if necessary.

Print Name

Signature

Date

Mail forms to:

SCU Burkina Faso Program Assistant

International Programs Office, Kenna 110; Santa Clara University; 500 El Camino Real; Santa Clara, CA 95053

Phone: 408-554-6940; Fax: 408-554-2340