



CASA DE LA SOLIDARIDAD

MEDICAL SELF-DISCLOSURE FORM

(TO BE COMPLETED BY 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 *Casa de la Solidaridad* program may need to know in order to take the best care of your needs in El Salvador. 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/Casa de la Solidaridad 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

Please send both completed documents to Santa Clara University prior to your arrival in El Salvador to:

**Program Coordinator
International Programs
Santa Clara University
500 El Camino Real
Santa Clara, CA 95053**



CASA DE LA SOLIDARIDAD

MEDICAL FORM

(TO BE COMPLETED BY PHYSICIAN)

This form must be completed by your primary care physician or physician assistant and returned to Santa Clara University prior to your arrival in El Salvador.

PATIENT DATA

Last _____ First _____ Middle _____
D.O.B. _____ Weight: _____ Height _____
Length of time this applicant has been your patient: (Year) _____ (Months) _____ 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: _____

IMMUNIZATION

Below are the immunizations **required** by the *Casa de la Solidaridad* program in El Salvador. Please check the immunizations that the student has received and date when they were given.

Typhoid _____ Hepatitis A _____ Hepatitis B _____
Boosters (Measles / Tetanus) _____

PHYSICIAN INFORMATION

Physician's Name _____ Signature _____
Address _____ Phone _____