

EAST CAROLINA UNIVERSITY
Division of Continuing Studies
Summer Study Abroad
HEALTH ISSUE ACKNOWLEDGEMENT

I have read material provided to me about health issues in _____ (destination).

I understand that medical facilities, services and professionals are not the same as I am accustomed to in the United States. I take full responsibility for all my health needs while participating in this study abroad program and I promise to have made appropriate preparations for those health needs before leaving the United States. If I do encounter health needs or problems while participating in this program, I make the following acknowledgements.

1. I agree to be fully responsible financially for all health services, treatments and equipment provided to me.
2. I agree that the institution, its staff or agents, may make any information needed for health or emergency situations available to appropriate personnel or officials.
3. I agree that I am able physically and mentally to participate in this program.
4. I agree that I will obtain and have with me any prescriptions, medical equipment or other items necessary for safe travel and participation.

With regard to the above, I provide below accurate, truthful and current information about my health status.

Date of Most Recent Physical Examination _____

Prescription Medications Currently Taken _____

Illness or Conditions Which May Require Attention While Participating _____

Chronic Illnesses Which are Under Control But May Be Exacerbated By Participation _____

Other Medical Problems Which May Affect Participation _____

Signature

Date