XAVIER UNIVERSITY
Off-Campus Experience
Emergency Medical Care Authorization and Health History

Occasionally a Xavier student participating in a Xavier University Off-Campus Experience may face a health emergency requiring local hospitalization or emergency treatment. I authorize Xavier University, through its representatives, to secure emergency medical care, hospitalization or surgical treatment or dental treatment for me during my participation in this Xavier University Off-Campus Experience. However, I understand that Xavier is under no duty to secure such care or assist me in any other way in the event of such a health emergency.

In the event of a medical emergency, I authorize Xavier University, through its representatives, to contact the person or persons designated below:

FIRST EMERGENCY CONTACT		SECOND EMERGENCY CONTACT	
Name:	_____	Name:	_____
Relationship	_____	Relationship:	_____
Address	_____	Address:	_____
	_____		_____
Telephone (day):	_____	Telephone (day):	_____
Telephone (evening):	_____	Telephone (evening):	_____
Cell Phone	_____	Cell Phone:	_____
E-Mail:	_____	E-Mail:	_____

Certificate of Medical Insurance Coverage

Xavier University requires that all students have insurance with medical coverage while participating in an Off-Campus Experience. By signing below, I certify that I understand Xavier University is not required to pay for any of my medical costs while I am participating in this Experience. I further understand that Xavier University is not required to pay for any evacuation, reunion or repatriation of remains costs that arise out of my participation in this Experience.

I certify that I will be covered by medical insurance with this type of coverage valid during the time that I participate in this Off-Campus Experience, or that I understand and fully accept any and all consequences of not being covered by such insurance during my participation in this Experience.

XU Student's Signature:_____ Date: _____

Parent's or Guardian's Signature (if student is under age 18):_____ Date: _____

Printed Name of XU Student:_____ XU Banner ID: _____

Insurance Company (if applicable):_____ Policy Number (if applicable):_____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK

A copy of this form will be kept at Campus Police and with the sponsoring department. The original will be kept by the Experience organizer participating in the Off-Campus Experience.

HEALTH HISTORY

The following information concerning medical history, including allergies, medications being taken, and physical impairments, to which a physician should be alerted:

GENERAL INFORMATION

_____ ( ) Male ( ) Female
(LAST NAME) (FIRST) (MIDDLE) (BIRTH DATE)

PERMANENT MAILING ADDRESS:

_____
(STREET) (CITY) (STATE) (ZIP CODE) (TELEPHONE)

HEALTH PROBLEMS – List any continuing health problems: _____
_____
_____

DRUG ALLERGIES AND REACTION – List any drug allergies and briefly describe what happened:
_____
_____

MEDICINES – List any medicines, pills or injections (prescription and over-the-counter) you take regularly: _____
_____

HISTORY – Check if you have ever had any of the following:

_____	Anemia	_____	Heart problems (describe)
_____	Asthma/hay fever/allergy	_____	Jaundice/hepatitis
_____	Back problems	_____	Protein/sugar in urine
_____	Bladder/kidney problem	_____	Surgery _____ (TYPE AND YEAR)
_____	Epilepsy/convulsions	_____	Emotional/Mental problems
_____	High blood pressure	_____	Drug/Alcohol problems
_____	Ulcer/stomach problem		

_____ Have you ever lived in close contact with anyone who had tuberculosis?
TB skin test: _____ negative _____ year TB Medicines Taken: _____
_____ positive _____ year _____
_____ never tested

Anything else that we should be aware of? _____

FAMILY MEDICAL HISTORY
Has anyone in your family had any of the following problems?

_____	Asthma/hay fever	_____	High blood pressure
_____	Diabetes	_____	Sickle cell/anemias
_____	Heart disease		

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Xavier University
Health Screening Examination

(To be performed by a physician or other health care provider)

A physician or other health care provider should complete this form after reviewing the student's Health History Form with the student. For students seeing a specialist for a serious ongoing condition, the approval of the specialist must also be obtained.

I have completed a history and physical examination of Xavier Student, _____, and determined that he or she is in good physical and mental health. I do not foresee any medical problems that would interfere with his or her full participation in the Off-Campus Experience in _____.

Physician's Signature: _____

Physician's Name: _____ Date: _____

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