

Concordia Alumni Travel Health Form

The information you provide on this form is meant to better equip program leaders to effectively respond should a complication arise during the Travel program. This information will be held in strictest confidence by Concordia College staff.

Full Legal Name: _____

Health Conditions

I have the following health conditions about which I choose to inform Concordia College (examples include allergies, injuries, depression, anxiety, diabetes, emphysema, heart condition, seizures, recent surgery, or any other physical, mental or behavioral condition that would be important to know about in case of an emergency):

Impairments or Restrictions

I have the following impairments or restrictions about which I choose to inform Concordia College (examples include impaired mobility, hearing, or vision that may prevent you from participating fully in the entire program as described in the program description or itinerary, or that require special arrangements, equipment or assistance for you to participate in the program):

Medications

I take the following medications about which I choose to inform Concordia College (Indicate whether you intend to bring the medication with you or whether you may need to refill a prescription abroad):

Special Needs

I use or transport the following items on a regular basis (check all that apply):

Cane Walker Wheelchair Scooter Oxygen Other _____

Please specify what this device is used for.

Dietary Restrictions or Requests

I have the following dietary restrictions or requests (Special dietary requests CANNOT be guaranteed, but will certainly be accommodated to the best of our ability. The more specific you are, the more I can work to make them happen.):

I understand that my health insurance provider may not cover me outside the United States. I have sufficient health, accident, disability and hospitalization insurance to cover myself during my participation in the program.

Primary health insurance _____ Policy number _____

Secondary health insurance _____ Policy number _____

Acknowledgement

I have read and understand the health information and program requirements and confirm that I am capable of fulfilling the program requirements and that I will be responsible for my own insurance and my own health and safety. I understand that if Concordia College needs further information about my health conditions(s) in order to assure that I may safely participate in the Travel Program or to fulfill the program requirements, I may be asked to provide a physician's certification.

Signature _____

Date _____