



Health Report and Release

Studying abroad presents physical and psychological challenges. Even mild problems can be exacerbated by the stress associated with adjusting to a new cultural environment. If you are not in good physical and emotional health, you should consider carefully your plan to study abroad at this time. If you have any questions about your situation, contact us at 540-362-6518 or achall@hollins.edu.

Please answer the following questions as honestly and completely as possible. Your responses will help us meet any special needs you may have. Note that our having this information is important for the success and safety of your experience. Under some circumstances, failure to disclose medical or psychological conditions may be considered grounds for dismissal from the program. All information is confidential.

Print your name: _____ Date of birth: _____

Do you have any medical conditions for which we may need to make special arrangements (disabilities, restrictions on physical activity, allergies to any medications or requiring medication or injections, etc.)?
 No Yes (if yes, explain)

Do you have any medical or psychological conditions which may require attention or therapy while you are abroad (depression, eating disorders, etc.)?
 No Yes (if yes, explain)

Do you regularly take prescription medication that you may need to purchase while abroad?
 No Yes (if yes, provide the generic name of the medication)

I hereby authorize Hollins University to contact my parent(s) about my physical and mental health while I am abroad if the University deems advisable to do so.

Your signature: _____ Parent name: _____

Parent e-mail: _____ Office and/or Cell: _____

Insurance information: My medical and accident insurance is provided by:

Carrier and policy number: _____

I hereby assume all responsibility for all medical expenses that I may incur while abroad including the costs of my evacuation or return for medical or other reason.

Signature: _____

Authorization of emergency care: In the event that I am rendered unable to communicate because of illness, accident, or emergency while abroad, I hereby give permission to qualified emergency care personnel to hospitalize, secure treatment for, and take whatever medical action(s) are necessary to treat me.

Date: _____

Signature: _____