

**Due May 15**

**UCSB Summer Sessions Travel-Study Confidential Health Form**

This form is to be used in conjunction with the health clearance form. All students must have a health clearance in order to participate in the program. Fill out this form completely BEFORE attending your health clearance consultation and having your doctor sign the health clearance form.

Be sure to take copies of this completed form abroad with you. A copy should also be kept on file with the health care professional who performed your clearance. This form provides vital medical information in the event that you require emergency treatment.

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**Student and Program:**

Print Last Name

First

Middle

Sex:  M  F

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Other locations where you intend to travel outside of the program:

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**Health Problems:**

List any recent or continuing health problems including any physical or learning disabilities:

Are you currently under the care of a doctor or other health care professional, including mental health?  Yes  No  
If yes, provide name and phone number of doctor:

Also list nature of illness:

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**Medicines:**

List any medications / equipment you use regularly or plan on using abroad and the reason for use:

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Print Last Name

First

Middle

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### Immunization Records:

Indicate all dates, a copy of your vaccination record should be available from your high school:

Typhoid: \_\_\_\_\_

Meningococcal: \_\_\_\_\_

Tetanus booster: \_\_\_\_\_

Measles / Mumps/  
Rubella: \_\_\_\_\_

Polio immunization: \_\_\_\_\_

Varicella / Chickenpox:  
(disease or vac. date) \_\_\_\_\_

Hepatitis B: \_\_\_\_\_

Hepatitis A: \_\_\_\_\_

Yellow Fever: \_\_\_\_\_

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### Medical History:

Please place the date in front of any of the following medical problems you have had, and write details of condition on the back of this form:

infectious mononucleosis

hepatitis/jaundice

tuberculosis

thyroid problems

protein/sugar in urine

heart problem

migraine headaches

asthma/hayfever/allergy

anemia

high blood pressure

psychiatric problems

ulcer/stomach problem

substance abuse

anorexia/bulimia

back problem

epilepsy/convulsion

alcohol problems

bladder/kidney problem

Previous Surgeries (list type and year):

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**Drug Allergies:** List any food or drug allergies and briefly describe reaction:

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I declare that the above information is complete and accurate.

I understand that the information on this form may be released to the appropriate medical personnel abroad in case of a medical emergency

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Signature of Student

Date