



INTERNATIONAL PROGRAMS OFFICE
HEALTH/EMERGENCY FORM

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

Emergency Contacts:

List the people whom you want to be contacted in case of an emergency.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone -work: \_\_\_\_\_

home: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone - work: \_\_\_\_\_

home: \_\_\_\_\_

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Health Insurance Information:

The International Student Identity Card is required by MSU for study abroad and provides minimal health insurance in case of an emergency. The card may be provided as part of your program. Be sure to check this with your study abroad program advisor first. If not, you must purchase the card from IPO for \$22. It is recommended that you have additional health insurance coverage. First, check into your current policy to see if it will cover you while you are out of the U.S. If it does not, overseas health policies are available. The IPO office can assist with finding a policy.

If you currently have an insurance policy which covers you while studying abroad, please give the following information:

Insurance Carrier: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy number: \_\_\_\_\_

Effective dates of policy: \_\_\_\_\_

Pre-approval for services required? [ ] Yes [ ] No

Health Information:

This information is needed to assist in the advising process before departure. It will not affect your eligibility. (attach additional page/s if necessary)

- Are there any circumstances which may need special consideration before or during your study abroad experience? (i.e. allergies, dietary restrictions, medication taken on a routine basis, learning disability)

\_\_\_\_\_
\_\_\_\_\_

List any health conditions (such as surgery, hospitalization, injuries, chronic conditions, physical, psychological, emotional, or mental illness) that may require special arrangements for successful and complete participation in this program.

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**Health Agreement**

I certify that I am in good physical and mental health and that I do not have any special mental or physical condition which would prevent me from successfully taking part in this study abroad program.

I certify that all responses made on this form are complete, true and accurate, and I will notify the International Programs Office immediately of any relevant changes, including a change in the state of my health. I understand that approval and participation in the study abroad program is contingent on receipt by the IPO office of this completed and signed form.

Student:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under 18)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_