

UNCA STUDY ABROAD OFFICE

STUDENT HEALTH/EMERGENCY INFORMATION

FORM

NOTE: It is important that you list anything about your health that this office needs to be aware of. This information is confidential and will not be used except in the case of an emergency. Please print clearly.

FULL NAME: _____ E-MAIL: _____

CONDITION(S): _____

ALLERGIES: _____

MEDICATION(S): _____

RECENT SURGERY OR ILLNESS: _____

HISTORY OF ANY MEDICAL PROBLEM(S): _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

Your Signature

Today's Date

