

**Central State University
Center for International Education
Participant Health Statement & Emergency Contact Form**

NOTE: This form is for CSU programs only.

Student Name: _____ ID #: _____

Study Abroad Program: _____

First Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____

Other Phone: _____ Email: _____

Second Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____

Other Phone: _____ Email: _____

Please list any medications you will be taking while you are on the Study Abroad program and what medical condition they are treating:

1. _____

2. _____

If you have any physical disabilities or impairments which might cause hardship through change in diet, carrying luggage, strenuous travel, or might affect participation in an overseas study program, please list them here:

If you are currently undergoing treatment for any reason, please explain here: _____

If you have any allergies, please list them here:

Are you pregnant, or do you have any reason to suspect that you might be? YES _____ NO _____

Health Insurance Provider: _____ Insurance Policy ID #: _____

Your blood type: _____ Phone/Contact Information for Provider: _____

I certify that the information on this Health Statement is true and correct, and I will notify Central State University's Center for Global Education of any relevant changes in my state of health that occur prior to the start of, or during, the program. Photocopies of these statements and agreements shall be given the same consideration as the original.

Signature of Student

Date