

STUDY ABROAD PROGRAM MEDICAL INFORMATION FORM  
Georgia Southwestern State University

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
*Last Name First Name Middle Name University ID#*

Local Address: \_\_\_\_\_  
*Street name/number Apt. number City State Zip*

Permanent Address: \_\_\_\_\_  
*Street name/number Apt. number City State Zip*

Phone (Land/Cell): \_\_\_\_\_  
*Area code + current number*

Email: \_\_\_\_\_

Date of Birth (month-day-year): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Circle one:    Male    Female

***Medical Information:*** List any chronic conditions, allergies, or other special health concerns including psychological and emotional problems and include information on prescription medications that you currently take for those problems:

- 1.
- 2.
- 3.
- 4.
- 5.

***Allergies:***

***Food Allergies: (Dietary Restrictions)***

***Emergency Contact:***

Name/ Relationship: \_\_\_\_\_

\_\_\_\_\_  
*Street Apt. number City State Zip Code Phone*