

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