



## Health & Wellness information

This required form is to be completed by the participant and is designed to help Crimson Foundation be of maximum assistance to you during your service learning experience should the need arise. Mild physical or psychological conditions can become serious under the stresses of life while participating in the program. Thus, it is important that the program be made aware of any medical or emotional conditions, past or current, which might affect you in a foreign study context. The information provided on this form will be shared only with appropriate persons affiliated with your specific program and does not affect your admission into the program.

If you have any concerns about health conditions you may have while abroad, contact the Program Administrator and your healthcare provider as soon as possible. Crimson Foundation will direct you to more specific sources of information about support services you can reasonably expect to find on site. Sites may not be able to accommodate all reported individual needs or circumstances. However, if you do not report a health condition, our ability to assist you in case of an emergency may be compromised.

Program participants are not required to have a physical exam before going abroad. However, it may be required for certain countries/visas. Crimson Academy strongly recommends that you have a physical exam, consult with your healthcare provider about immunizations, and have a dental check-up before departure.

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Gender** \_\_\_\_\_  
*Month/Date/Year*

**Program** \_\_\_\_\_ **Term** \_\_\_\_\_

- Yes \_\_\_\_\_ No \_\_\_\_\_ 1. Have you ever been or are you currently being treated for a physical health condition? (If yes, please explain).
- Yes \_\_\_\_\_ No \_\_\_\_\_ 2. Have you ever been or are you currently being treated for a mental health condition (psychological or emotional)? (If yes, please explain.)
- Yes \_\_\_\_\_ No \_\_\_\_\_ 3. Do you have any allergies? (If yes, please explain.)
- Yes \_\_\_\_\_ No \_\_\_\_\_ 4. Are you taking any medications? (If yes, please explain.)
- Yes \_\_\_\_\_ No \_\_\_\_\_ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)
- Yes \_\_\_\_\_ No \_\_\_\_\_ 6. Are you on a special diet (vegan, diabetic, vegetarian, etc.)? (If yes, please explain.)
- Yes \_\_\_\_\_ No \_\_\_\_\_ 7. Is there any additional information that would be helpful for the program to be aware of during your par experience? (If yes, please explain.)

*I certify that all responses on this form are true and accurate, and I will notify Crimson Foundation of any relevant changes in my health that occur prior to the start of the program.*

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_, 20\_\_