



WILLIAM JEWELL COLLEGE

OVERSEAS STUDY HEALTH CERTIFICATE

Name: _____ Birth date: _____
Last First Middle Initial

Address: _____ Telephone: _____

City, State and Zip: _____

Health History (To be filled out by student)

Smoker: yes no Drug use: yes no Alcohol use: yes no

Medical Problems/Restrictions: _____

Past illnesses or surgeries: _____

Current Medications (dose and frequency): _____

Allergies: (Medical or Drug) _____

Family History: (depression, anxiety, bipolar, suicide): _____

Special dietary restrictions? yes no explain: _____

Any objections to treatment for religious/personal reasons? yes no

Immunization History (dates): (To be completed before examiner's physical)

Tetanus _____ (within past 10 years)

MMR (measles, mumps, rubella) 2 doses required _____

Tuberculin Skin Test (Mantoux) within past year _____ if positive chest xray required.

Other immunizations as required for specific area of travel: _____

Meningitis: (within past 3 years) _____ or sign waiver: _____

Signature of Student _____

Date _____

To be filled out by physician/examiner:

Height: _____ Weight: _____ Blood Pressure: _____ Urinalysis: negative positive

Exam:

Essentially normal exam with no health issues/restrictions that should prevent travel.

Comments: _____

Signature: (physician / examiner) _____

Date _____