Academic Travel Health Questionnaire

Academic Travel can be more physically and emotionally demanding than time spent on campus in Lugano, and stressful even on a healthy body. Pre-existing conditions may flare up while travelling and there may be even fewer medical resources while on the road. As such, it is very important that your academic travel professor is aware of any physical or emotional conditions you have, past or present, even if you believe they will not be an issue while traveling.

Like all health information records, this form will be kept confidential. In the event you have a condition more complex in nature, it is often helpful for the leader to be able to speak with your caregiver (nurse or therapist) to understand your condition and plan accordingly. In this case, you may be asked if you would be comfortable signing an additional voluntary release form (separate form) allowing the caregiver to explain important details with the travel leader for you benefit.

Please complete this information, sign and return it to your Academic Travel leader by the final travel meeting before departure.

Full name: __________________________________________________________________________

Date of birth: _______________  Academic Travel / Semester / Year: ____________________

1. Have you had any serious medical illnesses, injuries or medical conditions in the past three years which you have received treatment for, or are still receiving treatment for (e.g., surgeries, chronic conditions, heat stroke)?
   No: ______
   Yes: ______
   If yes, please describe: ____________________________________________________________
   ____________________________________________________________

2. Have you experienced any mental, emotional or psychological conditions in the past three years that required counseling (e.g., eating concerns, depression, substance abuse, anxiety, panic attacks)?
   No: ______
   Yes: ______
   If yes, please describe: ____________________________________________________________
   ____________________________________________________________

3. Do you suffer from any allergies (e.g., food, medicine, insects)?
   No: ______
   Yes: ______
   If yes, please describe: ____________________________________________________________

4. Do you have any dietary restrictions or special dietary needs?
   No: ______
   Yes: ______
   If yes, please describe: ____________________________________________________________

5. Are you currently taking any medications?
   No: ______
   Yes: ______
   If yes, please describe: ____________________________________________________________

Confidential Health Information
**Permission for emergency treatment:** I hereby grant permission for my academic travel leader or other Franklin College representatives to consent on my behalf to the provision of emergency medical care, including but not limited to the examination, diagnosis and treatment of any emergency condition that I may sustain while on Academic Travel. All treatment will be at my own expense, but presumably to be reimbursed through appropriate insurance policies such as SWICA.

Yes: _________     No:___________    I am under 18 years old:_________

**Acknowledgement:** I understand that it is important to provide accurate information on this form, and that failing to do so may inhibit Franklin College from accommodating my needs or conditions, and may inhibit appropriate medical care in the event such is needed.

Student signature: ________________________________

Date: __________________________________________

This form may be used for future academic travels, which avoids filling out the form each semester. If you would like to reuse this form, retain a copy yourself and submit it to future travel leaders. You will need to re-acknowledge that the information above is still accurate with the opportunity to add any updated information as necessary in one of the boxes below.

<table>
<thead>
<tr>
<th>Date: ___________</th>
<th>Additional information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ___________</td>
<td>Additional information:</td>
</tr>
<tr>
<td>Date: ___________</td>
<td>Additional information:</td>
</tr>
<tr>
<td>Date: ___________</td>
<td>Additional information:</td>
</tr>
</tbody>
</table>

Confidential Health Information