

**MEDICAL CONDITION FORM (FORM E - Version 8/10/04) REQUIRED**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ SEMESTER ABROAD: \_\_\_\_\_

Program Title and Site: \_\_\_\_\_

Date leaving US: \_\_/\_\_/\_\_ Date Returning to USA: \_\_/\_\_/\_\_

(Note: this date may begin and end before or after your program dates).

**Our Request to You:** Please visit the AU Medical Clinic - Travel Clinic 3 months prior to your Auburn Abroad program start date regarding vaccinations and other health requirements of your destination.

**Please Answer The Question Below:**

Do you have any medical conditions for which you may need assistance while abroad (i.e. diabetes, asthma, anxiety disorder, etc.) ? \_\_\_No \_\_\_No, I choose not to answer this question. \_\_\_Yes

**If “No”**, skip to the bottom of this form, sign and date.

**If “yes”**, please describe the kinds of services you may need. Please fill one form for each medical condition. Please note that this form will be given to the program coordinator on your site abroad to work with you on arrangements / services that may be available.

MEDICAL CONDITION: \_\_\_\_\_

SERVICES REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drug alert:** Please be aware that prescription drug controls vary by country. Certain drugs may not be available in the country you are going to. Please contact the nearest consular office of your destination country OR contact us at [intledu@auburn.edu](mailto:intledu@auburn.edu) and put “AUBURN ABROAD CONSULAR INFO” in the subject line – and indicate your destination country. We will refer you to the appropriate information resource.

Your signature (as participant): \_\_\_\_\_ DATE: \_\_\_\_\_