

## Faculty/Staff Medical Information Form

1. Are you covered under a health care or medical insurance plan that includes international travel and medical treatment outside the U.S.?

**Yes. Attach a copy of your insurance schedule of benefits.** Note that these benefits must match or exceed SUU-approved coverage.

**No.** --- Please purchase the international insurance recommended by the Office of Learning Abroad (see website) or another international insurance provider with coverage matching or exceeding the SUU-approved coverage. **Attach proof of purchase.**

*I am leading a faculty/staff-led short-term study abroad program through the Office of Learning Abroad. The Office of Learning Abroad purchases international insurance on behalf of these faculty/staff members.*

2. Do you have any medical conditions or special needs that should be disclosed prior to travel?

**Yes.** (List the conditions and/or needs below.)

**No.**

3. Are you under a doctor's orders for any medication?

**Yes.** (List the medications and/or needs related to the medications below.)

**No.**

### **IN CASE OF EMERGENCY, CONTACT:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Statement:**

I authorize the SUU Director of Learning Abroad, or his/her authorized representative, to consent on my behalf to any x-ray, examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care to be rendered to me under the general or special supervision and advice of any dentist, physician, or surgeon licensed to practice when the need for such treatment is immediate and when efforts to reach emergency contacts are unsuccessful.

I agree to pay all charges incurred for the treatment of illness or injury myself. I understand that I have primary responsibility for the payment of all charges, whether or not I am covered by health or medical insurance.

Name

(Printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

*(Street) (City/State) (Zip Code)*