



studyabroad@ausm.community
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3320 W. Foster Ave #135
Chicago, IL 60625

AUSM Study Abroad Medical Form (Part I)

This medical form must be completed by applicants and returned to Autonomous University of Social Movements (AUSM Study Abroad) as an integral part of the confirmation procedure for participation in the Study Abroad program. Part I of the form is completed by the participant and Part II is completed by the participant's physician based on a complete medical exam conducted within the past twelve months.

Name: _____ Birth date: _____ Gender: _____

Program Country/Semester/Year: _____ Program Dates: _____

Has your physical activity been restricted for any reason during the past five years?

Have you sought consultation or been treated by a clinic, physician, or other medical practitioner during the past five years other than routine check-ups? If yes, please explain.

Have you been hospitalized during the past five years? If yes, please explain and provide dates.

Have you ever had a serious or acute illness? If yes, please explain.

Do you have any chronic, permanent, or recurrent illness, injury, or physical disability?
If yes, please explain?

Have you had an allergic reaction to prescription or over-the-counter medicines or immunizations?
If yes, please explain.

Are you currently taking any medications (including oral contraceptives)? If yes, please explain.

Do you have any allergies? If yes, please explain.

Do you have any health requirements or dietary restrictions, including those based on religion?
If yes, please explain.

Do you have any habits that may adversely affect your health? If yes, please explain.

Are you currently or have you ever been under the care of a psychiatrist or psychologist?
If yes, please explain.

Do you have any pre-existing medical conditions not covered in the above questions?
If yes, please explain.

Emergency contact information

Name: _____ Telephone: _____

Email: _____ Relationship to applicant: _____

Authorization to release medical records and permission for emergency medical treatment:

Please complete and sign the following.
As an applicant to an AUSM Study Abroad program,

I, _____, hereby authorize the physician or other medical provider completing Part II of this Medical Form, together with any other physician or medical provider who has provided information to AUSM Study Abroad in connection with my application or participation in the Program, to release any and all medical records and information pertaining to me to AUSM Study Abroad. I also authorize the release by AUSM Study Abroad of my medical records or other medical information pertaining to me, to my parent or other designated contact person in the event of an emergency. On rare occasions, an emergency requiring treatment in a hospital and/or surgery may develop during the study abroad program. In most cases, administration of an anesthetic, treatment of an injury or operation upon an individual cannot be done without consent of the patient. In order to prevent a dangerous delay in an emergency situation where AUSM Study Abroad is either unable to contact my parent or guardian to give you my consent, I hereby authorize AUSM Study Abroad's representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery. I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information, including notification to AUSM Study Abroad of any changes in my health affecting the accuracy or completeness of the information contained in this form, may result in my dismissal from the program. I agree to notify AUSM Study Abroad of any material changes in my health that occur prior to the start date of the program.

Signature of applicant _____ Date: _____

Upon completing this form, please print and take to your doctor to fill out Part II below.



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AUSM Study Abroad Medical Form (Part II)

Program Country/Semester/Year: _____ Program dates: _____

To the examining physician:

The AUSM Study Abroad program will take the participant to both urban and rural areas in the above mentioned country. Participants must be in reasonable physical shape and be able to walk several kilometers, occasionally in hilly terrain. Living conditions and food will probably be different than those to which the applicant is accustomed. Please carefully consider the applicant's general fitness and physical and mental health in relation to the stresses inherent in a study abroad program outside of the United States for the dates mentioned above.

Does the applicant exhibit any health problems? If yes, please explain.

Is the applicant seriously underweight or overweight? If yes, please explain.

Does the applicant have any allergies? If yes, please explain.

Is the applicant currently under medical treatment or taking medications? If yes, please explain.

Is there any history of behavioral disorders or emotional disturbances, such as severe mood swings? If yes, please explain.

Has the applicant ever been under psychiatric treatment? If yes, please explain.

Are there any congenital malformations or chronic conditions that may require additional treatment? If yes, please explain.

Would strenuous physical activity, such as carrying luggage or walking long distances, cause the applicant hardship?

Do you have any further recommendations or instructions regarding the care of this patient?

Having examined this applicant and reviewed his or her past medical history,

I _____, consider that _____

(printed name of physician)

(printed name of applicant)

is fit to participate in the _____ program with AUSM Study Abroad.
(Program Country/Semester/Year)

Having received permission from said applicant, I would be willing, if indicated, to discuss issues pertaining to this applicant's health status with the professional staff of AUSM Study Abroad and will furnish pertinent medical records upon request.

Signature of physician: _____ Date: _____

Address (City, State, & Zip): _____

Telephone: _____ Email: _____

Thank you for your time and consideration.