

Center for Global Education

Short-Term Travel Seminar Health & Wellness Form

Travel Seminar Title and Travel Dates _____ Trip Code _____

Official Name (that appears on your passport) _____
FIRST / MIDDLE / LAST

Home phone (_____) _____ Work phone (_____) _____
AREA CODE AREA CODE

Email address _____ Sex: Male or Female

If you wish to identify yourself as a member of an ethnic and/or racial group, please indicate (check all that apply). This is an optional question we use to track recruitment efforts.

- African American/ African
- American Indian/ Alaskan Native
- Asian/ Pacific Islander
- European American/ Caucasian
- Hispanic/ Latino
- Middle-Eastern
- Other (please specify) _____

Citizenship Information

Country of Citizenship _____

Date of Birth _____

I have a valid passport YES NO APPLICATION PENDING

If you have a valid passport, please complete the following:

Passport Number _____ Date Issued _____ Expiration Date _____

Health & Wellness Information

Travel seminars can be physically and emotionally demanding. Please thoughtfully assess your health in light of the potential rigors of the trip. Examples:

- Climatic changes--high temperatures (90 - 110 F) and/or high humidity; change in altitude (7000 ft. in Mexico City; 5000 ft. in Cuernavaca, Johannesburg)
- Exposure to unfamiliar bacteria due to change in diet
- Long days and intense schedules
- High levels of air pollution
- Travel in cramped vehicles
- Some travel on foot on uneven ground
- Limited availability of some medical equipment and medicines in some countries
- Significant time difference (in Africa and Asia)

These factors, combined with potential strains from culture shock and intensive interaction with other group members, can affect your health. Illnesses requiring bed rest impair one's ability to participate in scheduled programming, and can affect the entire group's learning process. We ask that you assess your physical and mental condition carefully and encourage you to consult with your health care provider. The medical information you provide here will not be used to determine your acceptance into the program. We require that you provide us with the following information so that our staff can make any possible accommodations to meet your health needs, and respond to emergencies. Any information you provide will be kept confidential. Feel free to contact our travel seminar staff if you have any questions.

Center *for* Global Education

1. Age _____

All persons under the age of 18 must have all legal guardians sign a [consent form](#) in the presence of a notary public to carry along with their passports when traveling outside of the United States.

2. Do you have a history of any of the following medical conditions?

- Epilepsy
- Allergies (including allergies to any medicines)
- Heart condition
- Arthritis (or other condition that limits mobility)
- Asthma
- Diabetes
- Back problems or other injuries
- Emphysema
- High blood pressure
- Alcoholism
- Eating disorders
- Other substance abuse or chemical dependencies
- Other medical conditions (please list) _____

How might any of these conditions affect your travels?

3. Are you currently or have you been under a doctor's care during the past six months? NO YES
If yes, what condition(s) are being treated?

How might these conditions affect your travels?

4. Please indicate if you have been treated by a psychiatrist, psychoanalyst or therapist for any mental, emotional or nervous disorder? NO YES If yes, how might this affect your travels?

5. Travel seminars are very intensive, emotionally and physically.

a. Have you had any traumas or life changes in the last six months?

b. Do you have any limitations in walking or climbing stairs that might affect your participation?

6. Do you carry any medication? If so, please specify names, conditions that they treat, and possible side effects:

7. Are you currently on any special diet (even if voluntary, such as vegetarian)?

Center for Global Education

8. Any other comments about your health?

9. If your health insurance policy will cover medical expenses outside of the United States, please provide the following information below. If you do not have travel health insurance, the Center for Global Education and Augsburg College provides emergency foreign travel health insurance that will allow you to be reimbursed for charges above the \$250 deductible.

I have medical insurance to cover me on this trip. I will only have emergency medical coverage through
Carrier _____ the Center for Global Education and Augsburg College.
Policy# _____

10. In case of illness or emergency, please notify:

Name and Relationship _____

Email Address _____

Street Address _____ City _____

State/Prov. _____ Zip/Postal Code _____

Phone _____
(Day) (Evening)

Health & Wellness Certification

I understand and agree that the College and/or Center may notify the person or persons that I have listed as emergency contacts in the event that I become ill, injured, or involved in an emergency situation during the Program, and that such information may be disclosed to health care providers and emergency workers if I need medical care during the Program. In the event that I am unable to make my own medical decisions, the College and/or Center may have to make those on my behalf. *The College and/or Center reserves the right to request additional health information from you before you are accepted into the program and/or to require a statement from your physician or other health care provider to verify your health.*

I HAVE CAREFULLY READ THE ABOVE TERMS AND CERTIFY MY ACCEPTANCE OF THESE CONDITIONS

YES DATE _____

Certification

The above information is correct to the best of my knowledge and I agree to the conditions and policies stated above for traveling with the Center for Global Education. I agree that I will assume all medical costs incurred while participating on the travel seminar.

Signature of Applicant

(please print name above)

Date

Please return this Health and Wellness form to: Center for Global Education at Augsburg College, Box 307, 2211 Riverside Avenue, Minneapolis, MN 55454; fax 612/330-1695.

updated 6/2011