



Westmont College
Off-Campus Programs Health Information Form

Full Name: _____ Major: _____

Program: _____ Sem./year: _____

The purpose of this form is to help the Off-Campus Programs Office be of maximum assistance to you should the need arise during your OCP experience. Mild physical or psychological disorders can become serious under the stresses of life while studying off-campus. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in an off-campus study context. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your well-being. The Off-Campus Programs Office may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

- General state of health: excellent good fair poor
- Do you have any dietary restrictions or known food allergies? yes no
(if yes, please list) _____
- Are you allergic to any medications? yes no
(if yes, please list) _____
- Have you been hospitalized for or had a serious problem with diabetes in the past year? yes no
- Have you been treated in an emergency room or hospitalized for asthma in the past year? yes no
- Have you experienced a seizure or a loss of consciousness in the past year? yes no
- Do you have a serious or chronic health problem requiring ongoing care? yes no
- Do you have any fractures, arthritis, muscle or joint pain which would limit your motion or activity?
 yes no
- Do you have or have you ever had an eating disorder? yes no
- Have you ever been treated by a psychiatrist, psychoanalyst, psychologist or similar practitioner for any mental, emotional or nervous disorder? yes no
- Are you currently taking any medication? yes no
- Are there any predisposing medical or surgical conditions which may, under the stress of travel, cause problems during your travel abroad program? yes no

If you have checked yes to any of the questions, please use the space below to write an explanation for each item:

I certify that all the responses made on this Health Information form are true and accurate, and I will notify the Off-Campus Programs Office hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Student: _____ Date: _____