Study Abroad Program Medical Insurance Statement  
(CSUEB Exchange & NSE – Canada)

Name of Student______________________________________ Net ID ____________________

Study Abroad Host Institution_____________________________________________________________

One of the requirements of the California State University, East Bay Exchange Programs is evidence that you are in good health. If you are disabled or have a health problem you are NOT excluded from the programs provided that your condition is not contagious and that the necessary accommodations and medical support are available at the study abroad site. However, it is essential that we know what kind of special arrangements should be made in order to protect your health and well-being while studying abroad.

The following information may be necessary in the event of a serious illness or accident. Please complete this form accurately and truthfully. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff’s inquiries.

**Medical History**

Do you have any special needs or require special services during your program (i.e., dietary considerations, learning aids, or facilities with handicapped access)? Yes_______ No _______

If yes, please explain.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Do you take medications regularly? Yes ________ No ________

If yes, please list/explain.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Please Note: If any medications are needed, it is the responsibility of the participant to bring a complete supply of all needed prescriptions for the entirety of the trip along with a valid copy of your prescription with you.

Please provide the name and a daytime telephone number of a parent or guardian who may be contacted in case of an emergency.

Name: _____________________________                 Daytime phone number: ______________________

Student Signature___________________________                 Date__________________________

Name (Printed) ______________________________________________