



25800 Carlos Bee Boulevard, Hayward, California 94542-3012
Telephone: (510) 885-2880/ Fax: (510) 885-2787
E-mail: study.abroad@csueastbay.edu

**Study Abroad/NSE Program Medical Insurance Statement
(CSUEB Bilateral Exchange, NSE – Canada)**

Name of Student _____

Net ID _____ CSUEB Study Abroad Program _____

The CSU Chancellor’s Office requires that CSU Students participating in study abroad exchange programs or Faculty Led Programs enroll for the Foreign Travel Insurance Program (FTIP) while studying abroad. It is important for you to understand your insurance policy and what the billing procedures are while you are abroad (in case of emergency and routine appointments).

If you are participating in an exchange program through Middlesex, Okayama, Chung-Ang, ESSCA, NSE program in Canada, or Faculty Led Program You will be enrolled in the Foreign Travel Insurance Program through CSUEB’s Risk Management Office, and will be required to pay for the insurance premium prior to departing the U.S. Please call (510) 885-2880 to schedule an appointment with Le Shawn Cheatham to complete your additional insurance documents.

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. Anything disclosed will NOT exclude you from the program 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.

Medical History

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.

Will you require any accommodation during your program (i.e., dietary considerations, learning aids, or facilities with handicapped access)? Yes _____ No _____

If yes, please explain.

Do you have any allergies or reactions to medications, insect stings, foods or plants we should be aware of?
Yes _____ No _____

If yes, please explain.

Do you take medications regularly? Yes _____ No _____

If yes, please list/explain.

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

Name: _____ Daytime phone number: _____

Email: _____

Student Signature _____

Date _____

Name (Printed) _____