FERRIS STATE UNIVERSITY

Study Away Participant Medical History

It is the aim of Ferris State University to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. If you have a diagnosed disability and wish to receive accommodations while studying away, you must contact Darcy Bugbee, Director of Counseling, Tutoring, and Disability Services 616-451-2787 to make arrangements prior to your travel. **NOTE: FERRIS STATE UNIVERSITY RESERVES THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT IN ALL ACTIVITIES CONDUCTED BY THE UNIVERSITY.** The information will also be used in the event of any participant injuries.

PARTICIPANT FIRST, MIDDLE NAME (PRINT)	LAST NAME
HOME STREET ADDRESS	AGE BIRTHDATE
HOME CITY, STATE, ZIP	DAYTIME TELEPHONE ( ) HOME TELEPHONE ( )

IN CASE OF EMERGENCY CONTACT (AVAILABLE 24 HOURS)

LAST NAME, FIRST, MIDDLE	**RELATIONSHIP**	**TELEPHONE** ( )
HOME STREET ADDRESS	**ADDITIONAL ADDRESS**	
HOME CITY, STATE, ZIP	**CITY, STATE, ZIP**	**ADDITIONAL TELEPHONE** ( )

FAMILY HISTORY

Please list here any close relatives who have had the following illnesses.

	YES	NO	RELATIONSHIP		YES	NO	RELATIONSHIP
Asthma/Hay fever				Kidney disease			
Arthritis				Stomach disease			
Diabetes				Tuberculosis			
Epilepsy/convulsions				Heart disease			

PERSONAL HISTORY

Check box beside those medical problems participant has had or now has.

- ☐ **Measles (Rubella)**
- ☐ **Rubella (3-day measles)**
- ☐ **Mumps**
- ☐ **Chicken pox**
- ☐ **Thyroid**
- ☐ **Sinusitis**
- ☐ **Eye trouble**
- ☐ **Ear trouble**
- ☐ **Throat problems**
- ☐ **Hypoglycemia**
- ☐ **Joint problems**
- ☐ **Sickle cell anemia**
- ☐ **Hernia**
- ☐ **Cancer**
- ☐ **Insomnia**
- ☐ **Tension or depression**
- ☐ **Frequent headaches**
- ☐ **Head Injury**
- ☐ **Hay fever, asthma**
- ☐ **Tuberculosis**
- ☐ **Jaundice, liver disease**
- ☐ **Stomach, intestinal trouble**
- ☐ **Fainting**
- ☐ **Allergies to drugs, food**
- ☐ **Diabetes**
- ☐ **Seizure disorder/Epilepsy**
- ☐ **Kidney, bladder problems**
- ☐ **Chest pain**
- ☐ **Chronic pain**
- ☐ **Palpitations**
- ☐ **High blood pressure**
- ☐ **Heart problem or murmur**
- ☐ **Rheumatic fever**
- ☐ **Back problems**
- ☐ **Sexually transmitted diseases**
- ☐ **Gall bladder trouble**
- ☐ **Neurological disorder**
- ☐ **Pneumonia**
- ☐ **Other**__________________________
- ☐ **Ankle sprains & Knee injuries**
  - ☐ **Mild** ☐ **Mild**
  - ☐ **Severe** ☐ **Severe**

FEMALES ONLY:

- ☐ **Irregular periods**
- ☐ **Severe cramps**
- ☐ **Excessive flow**

….Over

Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY participant has had within the past five years.

Name of hospital	City & State	Date	Type of illness or operation	Outcome

USE ADDITIONAL SHEET IF NECESSARY

Please comment in detail in the space below on any medical condition checked with an "X" in Personal History.

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____

Does participant have any health problem that requires periodic evaluation or testing ☐Yes ☐No (Give details)

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____

List any medications participant is receiving regularly (medications that are required by participants should accompany them at camp).

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List drugs or food which participant is allergic to:

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List any other health or personal concerns that Ferris State University should be aware of in regard to the participant.

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Date of last tetanus injection.

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Date of last physical examination.

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Please enter all information from your insurance card or attach a copy of the front and back of the card. Verify with your insurance company that you have international coverage.

Front of Card	Back of Card

I Declare that My Answers and Statements Are Correctly Recorded, Complete and True to the Best of My Knowledge and Belief

DATE	SIGNATURE OF PARTICIPANT