



Swiss Semester Health Form For _____

To be completed by student and parent(s) together

General Medical History

Has a doctor ever denied or restricted your participation in any activity? Yes No

Has any family member or relative died of heart problems or sudden death before the age of 50? Yes No

Does anyone in your family have Marfan Syndrome? Yes No

Does you have or have a history of:

Respiratory problems including asthma? Yes No

Is the asthma controlled using an inhaler? Yes No

If so, please be sure to bring the inhaler(s) with you when you come to Swiss Semester.

What triggers an attack? Last episode? Ever hospitalized? _____

Gastrointestinal problems? Yes No

Diabetes? Yes No

Bleeding or blood disorders? Yes No

Hepatitis or other liver disease? Yes No

Neurological problems? Yes No

Epilepsy? Yes No

Seizures? Yes No

Episodes of passing out during or after exercise? Yes No

Migraines? (Medications; frequency; are they debilitating?) Yes No

Disorders of the urinary or reproductive tract? Yes No

Hypertension? Yes No

Cardiac problems? Unexplained chest pain? Yes No

Any disease? Yes No

Do you see a medical or physical specialist or any kind? Yes No

Do you regularly use a brace or assistive device? Yes No

Have you had any problems with your eyes or vision? Yes No

Do you wear glasses or contacts? Yes No

For female students only:

Treatment for menstrual difficulties? Yes No

Please elaborate on any "yes" answers: (attach an additional sheet if necessary)

Musculoskeletal History

Within the last two years have you had injuries (including serious sprains) to:

Foot, knee, hip, ankle, shoulder, arm, hand, or back? Yes No

Any other joint or muscle? Yes No

Head injury? Yes No

Loss of consciousness? Yes No

Number of concussions? 0 1 2 3 4

Number of concussions in your life? 0 1 2 3 4

Have you had a "baseline" test done? Yes No

If so, please describe the type of injury, the date of the injury, the treatment, and the current effect on your activity level:

Personal History

Are you allergic to any foods? Yes No

Do you have any dietary limitations? Yes No

vegetarian vegan other _____

Are you allergic to insect bites or stings? Yes No

If yes, please bring 3 Epi Pens or Twinjects

Please complete backside

Are you allergic to any medications?	Yes	No
Describe _____		
Any other allergies?	Yes	No
Describe _____		
Are you currently taking any prescription or non-prescription medication?	Yes	No
If so, please list		
Name	Dosage	Any restrictions
		Reason

Are you happy with your weight?	Yes	No
Are you trying to gain or lose weight?	Yes	No
Has anyone recommended that you change your weight or eating habits?	Yes	No
Have you had treatment, counseling or hospitalization with a mental health professional?	Yes	No
Are you currently in treatment or counseling?	Yes	No
What is the reason for treatment or counseling: (circle any that apply)		
academic concerns		family issues/divorce
ADD/ADHD		substance abuse
depression		suicide concerns
eating disorder		other _____

Please provide dates, details, and medications that were prescribed: (attach an additional sheet if necessary)

What was the date of your last physical? _____

Are all immunizations up-to-date (measles, chicken pox, tetanus, etc.)	Yes	No
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I verify that all information answered on this form is correct to the best of my knowledge.

Signature:

Student: _____ Date: _____

Parent: _____

PLEASE BE SURE TO UPDATE SWISS SEMESTER WITH ANY CHANGES TO THIS FORM DURING THE TIME BETWEEN COMPLETION OF THIS FORM AND THE START OF THE PROGRAM!

Emergency Contacts:

Names and telephone numbers of two people who may be contacted in the event of an emergency and Swiss Semester's inability to reach parent(s):

_____	_____
Home tel.# (____) _____	Home tel.# (____) _____
Work tel.# (____) _____	Work tel.# (____) _____
Mobile tel.# (____) _____	Mobile tel.# (____) _____

Special Authorization:

Recognizing the risks in a program such as Swiss Semester and the possibility of unforeseen events and accidents, I hereby grant authority to Swiss Semester personnel to seek medical attention and treatment for illness and/or injury as deemed necessary by Swiss Semester.

My signature also acknowledges recognition of the fact that the courts of Switzerland would have jurisdiction in the unlikely event of any litigation involving Swiss Semester or its personnel.

Parent's Signature Date