

Medical Form



Exit

FORM OVERVIEW

Please complete the form below as honestly and thoroughly as possible so that ISEP can make your health and safety our number one priority and work to provide you any necessary support services during your program.

If you would like to speak with your ISEP Program Manager regarding this medical form, please call 703-504-9960.

PERSONAL MEDICAL HISTORY

Do you have any pre-existing conditions, major illnesses or previous surgical procedures that may require attention while abroad?*

☐ Yes ☒ No

Do you currently have or have you previously had mental or emotional health issues that requires seeing a medical professional on a regular basis?*

☐ Yes ☒ No

Do you currently have or have you previously had a physical illness that require seeing a medical professional on a regular basis?*

☐ Yes ☒ No

Do you plan on taking any prescription medications while abroad?*

☒ Yes ☐ No

List any prescription medications you plan on taking while abroad*

Have you ever refused medical treatment for a mental, emotional or physical health issue?*

☐ Yes ☒ No

Do you have any allergies?*

☒ Yes ☐ No

List any allergies*

Do you have any physical limitations or disabilities that may need to be addressed while abroad?*

☐ Yes ☒ No

Do you have any dietary restrictions?*

☐ Yes ☒ No

Have you ever had treatment for substance abuse or substance addiction?*

☐ Yes ☒ No