



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
International Programs & Partnerships

Edinburg Campus Location: STAC 3.128
Phone: 956-665-3572

Brownsville Campus Location: MAIN 1.308
Phone: 956-882-8955

INTERNATIONAL HEALTH DISCLOSURE FORM

Print as it appears on passport

Family/Last Name First Name Middle Student ID #
Program Name Program Dates Birth Date Gender M F

Emergency Contact Information

Emergency Contact Name Address
Relationship Telephone # Email

Primary Care Physician Telephone #

Traveling abroad can be an enriching as well as a physically and mentally challenging experience. Mild or pre-existing health concerns can become serious as participants transition into an unfamiliar environment. For your health and safety, we encourage disclosure of your health status. Use additional paper as needed. If you answer "Yes" to ANY question, additional information may be requested from you and your health care professional regarding treatment or health management strategies.

- 1. Has your physical activity been restricted during the past 5 years?
2. In the last 5 years, were you treated by a physician, psychiatrist/psychologist, drug/alcohol counselor, or other health practitioner (other than for routine check-ups)?
3. In the last 5 years, have you been hospitalized?
4. Have you ever had a serious acute illness?
5. Do you have any chronic/recurrent illness or any permanent/chronic injury or physical limitation?
6. Have you had any serious physical reaction to a prescription or over-the-counter medicines or immunizations?
7. Do you have a history of asthma or any other respiratory ailment?
8. Are you currently receiving antigen/immunotherapy injections or prescription medication for an allergy?
9. Have you ever experienced a period of depressed, anxious or irritable mood that lasted nearly every day, for weeks?
10. Have you ever experienced a time in which you were unable to attend school or work because of stress, anxiety or depression?
11. Have you ever been so upset that you have harmed yourself, or been afraid that you might harm yourself?:



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Authorization to Release Medical Records and Permission for Emergency Medical Treatment - Please complete and sign the following:

As an applicant to The University of Texas-Rio Grande Valley (UTRGV), International Programs & Partnerships (IPP), Study Abroad Program in the event of an emergency, I, _____ (name of participant) hereby authorize the release of this medical record or any medical information pertaining to me to UTRGV, University personnel and to the office of IPP as well as to emergency medical personnel in _____ (host country). I also authorize the release of my medical records or other medical information pertaining to me to my designated emergency contact in the event of an emergency.

Although in most cases administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be conducted without consent of the patient, in order to prevent a dangerous delay in an emergency situation where UTRGV is either unable to contact my designated emergency contact, or if I am unconscious or otherwise unable to give my consent, I hereby authorize a UTRGV representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery.

I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information, including notification to the Host Institution of changes in the health information contained in this form, may result in my dismissal from the program. I agree to notify UTRGV of any material changes in my health that occur prior to the start or during my study abroad program.

Printed Name _____ Signature _____ Date ____/____/____