

STUDY ABROAD/INTERN ABROAD PROGRAM HEALTH DOCUMENTATION

Congratulations on your decision to Study / Intern Abroad!

SECTION A: SELF ASSESSMENT: this section is to be read and reflected upon as soon as you consider studying or interning abroad. You are not required to share your responses to this section with anyone. However, those responses are intended to prepare Randolph Students for a frank discussion with the Director of the Health Center when you meet to complete Section B.

Once you have worked through this section, please schedule an appointment to meet with Ruby Bryant, the Director of the Health Center* During this consultation, you will complete **Section B**.

SECTION B: HEALTH CENTER CONSULTATION**

Allow 45 minutes for this part of the Assessment:

- Health Center Assessment and Information form
- Student Agreement and Release form (including a Waiver and Hold Harmless Agreement)
- Parent/Guardian Release form

A copy of these forms will be retained by the Director of the Health Center. An additional copy will be kept by the Associate Dean or the Internship Director.

**This consultation is required only of Randolph students. Students from other institutions should complete Section B independently and return directly to the Provost Office at Randolph.*

***Completion of Section B is the student's responsibility and lack of a form may preclude institutional approval to travel.*

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SECTION A: HEALTH SELF ASSESSMENT

Whether you are generally healthy, have significant medical needs, or fall somewhere in between, planning ahead is important when it comes to the study abroad experience. The same things that make studying abroad exciting (new foods, customs, climate, people, etc.) can also present challenges. Many travelers adjust with little or no difficulty, while others experience a range of physical and/or emotional challenges. It is important to be aware that the stresses that often accompany studying abroad may exacerbate ongoing physical or mental health conditions, trigger pre-existing ones, or, in some cases, cause new health conditions to emerge.

Ongoing mild or pre-existing health conditions can become more serious when you transition into an unfamiliar culture and environment. For this reason, it is important to take any pre-existing conditions or special needs into account as you consider whether and where to study abroad. We encourage you to fully disclose your health so that the College can help properly prepare you for your experience, make arrangements for any necessary special accommodations, and, in some cases, assess whether you should consider a program with more readily available support services. This latter consideration is important since you should not assume that the range of services and accommodations available to you at your home institution or in your home town will be available while you are abroad.

Similarly, if you currently receive any academic accommodations and hope to receive the same while off-campus, you may be required to provide documentation of these accommodations to your program or university. Many study abroad programs or foreign universities can accommodate learning differences and provide special accommodations but only to the extent that local regulations allow and within the constraints of the program structure and/or host culture.

Please be assured that your privacy regarding the personal information you disclose will be respected. Part A—the *self*-assessment—is “for your eyes only” and helps you prepare for your appointment with the Director of the Health Center. All students studying or interning abroad—either independently or through a college-endorsed program—are required to complete Part B of this assessment.

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Section A: Self-Assessment

The purpose of this self-assessment is to help you prepare for your time abroad by considering various issues and, if appropriate, discussing them openly and honestly with your personal health care professional, college health professionals, faculty leaders or with the Associate Provost. These discussions will enable you to determine what resources may be available to you in your host country and what additional support you may need.

Q: Do you have a health condition or disability for which you may require reasonable accommodations while abroad (e.g. learning disability, attention deficit disorder, diabetes, brain injury, hearing or vision loss, epilepsy, or other condition)

Q: Do you have a serious food, drug, animal, or other allergy?

Q: Are you on a medically or culturally restricted diet, or have other dietary restrictions e.g. being a vegan or vegetarian?

Q: Are you currently taking any medications (prescribed or over-the-counter)?

Q: Are you currently being treated for any physical health condition, injury or disease, or have you suffered from a health condition in the past you are concerned may emerge while abroad?

Q: Are you currently being treated for any mental health condition (including the use of psychiatric medications) or have you suffered from a mental health condition in the past you are concerned may re-emerge while abroad?

Q: Do you have any documented disability, support services or accommodations here at Randolph?

Is there any additional information related to your health that would be helpful for the program organizers, the Associate Dean, faculty leaders or host families to be aware of during your experience abroad?

If you answered yes to any of these questions, we urge you to think about how these issues or conditions might impact you while abroad and to discuss your study plans and ways to manage your conditions while abroad with your health care professional(s). Additionally, we encourage you to inform the Associate Provost and/or faculty leaders in advance so that they may further assist you in your planning.

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Section B: To be completed during your consultation with the Director of the Health Center*

Health Center Assessment and Information

Student Name (please print):

Program Name:

Program Country:

Leaving USA: ___/___/___ Returning to USA: ___/___/___

Understand your Health Insurance

You must have full insurance, **including repatriation/evacuation coverage.**

- If you already have primary insurance that covers this trip (including R&E), please provide proof to the Office of the Provost a month prior to travel.
- If you don't have insurance **or if you are participating in a faculty-led Off Campus seminar**, the Office of the Provost will arrange insurance for you through the College insurer that provides coverage for unexpected accidents and illnesses, Emergency Evacuation and Medical Transportation; 24-hour Medical; Loss/Theft of Baggage and Personal Effects; Non-Insurance Assistance Services etc.

Please contact me to set up Insurance through the College. YES / NO

Students must carry proof of insurance and COVID vaccination with them at all times while travelling. The College cannot protect the student from the consequences of being uninsured.

The purpose of this form is to help Randolph staff be of maximum assistance to you, should the need arise. It is important that we be made aware of any physical or emotional problems, past or current, which might affect you while studying or interning abroad. The information will remain confidential and will be shared with the staff or appropriate professionals here at Randolph and at the host institution only if pertinent to your well-being. During this session, we will work together to provide a careful and complete evaluation of your health and how it might be affected by this international experience. Please consider, in particular, the possibility of treatment being required in a hospital if you were unconscious and therefore unable to provide information.

Health records will be shredded upon the student's return to the home institution. If the student does not return, records will be shredded at the end of the academic year.

** Students from other institutions may complete this form independently.*

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Last Name (please print)	First Name	Middle Name	DoB
Social Security #	Gender	Home Phone #	
Street Address (number and street, city, state, zip code)			Country
Person to notify in case of emergency		Relationship	
Home Phone #	Business	Cell	

Permission for Treatment

I grant the College and its agents full authority to take whatever actions they may consider to be warranted regarding my health and safety, and I release them from any liability for such actions. On rare occasions an emergency may develop which necessitates the administration of medical care, such as hospitalization, surgery, or the prescription of an anesthetic or other medication(s). In the event of an emergency, I authorize the College and its agents, at their discretion, to place me for medical treatment at my expense.

This form must be signed by the student. If the student is a minor (under 18 years of age), this form must also be signed by the parent or legal guardian so that appropriate diagnosis and treatment may be promptly carried out. The College and its agents will make every effort to contact a parent or legal guardian if emergency medical care is required.

Student Signature	Date
Signature of Parent or Guardian (if student is a minor)	Relationship
	Date

Family Health History

Have any of your immediate relatives (father, mother, siblings) ever had any of the following? Please specify.

	Relationship		Relationship		Relationship		Relationship
Allergies		Diabetes		Stomach Disease		Eating Disorder	
Arthritis		Epilepsy		Stroke		Depression	
Blood Disorders		Heart Disease		Tuberculosis		Anxiety	
Cancer		Hypertension		Alcoholism		Schizophrenia	
Death		Kidney Disease		Drug Addiction		Bipolar	

Personal Health History

Have you ever been admitted to a hospital or residential treatment center for any surgical procedure, illness, infection, injury, or condition? Please state when, where, and what for each hospitalization.

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Have you been treated for a psychological, psychiatric, substance abuse, or personal problem? Give details.

Allergies

No known allergies Aspirin Penicillin Codeine Sulfa

Other Drugs (please specify) _____

Insect Food Other (please specify) _____

Medications

If you take any medications orally or by injection on a frequent or regular basis, please list them and indicate dosage and frequency.

Access Requirements

Do you have an impairment that substantially limits a major life activity, or are you disabled in any way that requires you to receive special consideration from the College? If so, please check the appropriate box and give specifics.

Vision Hearing Speech Motor Anatomical loss (please specify) _____

Please explain n: _____

This information on disability will be shared with the Office of the Dean of Students and other appropriate College offices, as necessary.

Personal Medical History (check each item Yes or No)

Yes	No	Yes	No	Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Elevated cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	Kidney/Urinary problems
<input type="checkbox"/>	<input type="checkbox"/>	Bone/Joint Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease
<input type="checkbox"/>	<input type="checkbox"/>	Breast Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Frequent ear infections	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Frequent throat infections	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	<input type="checkbox"/>	Circulatory problems	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal problems	<input type="checkbox"/>	<input type="checkbox"/>	Smoker
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Gynecological problems	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell
<input type="checkbox"/>	<input type="checkbox"/>	Concussions/Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease/Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/substance abuse

REMARKS OR ADDITIONAL INFORMATION _____

I, _____, certify that the enclosed information I have provided is truthful,
Signature Required
 accurate and complete to the best of my knowledge.

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Student Agreement and Release

Part I: Conditions of Participation

1. I do waive, release and forever discharge Randolph College and its insurers, officers, trustees, faculty, agents, employees and host schools (collectively, its agents), of all actions, claims, demands, damages, and liability of every kind and nature whatsoever that the undersigned now have, or ever will have, arising out of, or in any way connected with, the College's International or Off-Campus Study program (the Program).
2. I understand that I am required to have an insurance policy that covers medical services and treatment, including medical evacuation and repatriation as necessary during the period of study on a Randolph College program.
3. I grant the College and its agents full authority to take whatever actions they may consider to be warranted regarding my health and safety, and I release them from any liability for such actions. On rare occasions an emergency may develop which necessitates the administration of medical care, such as hospitalization, surgery, or the prescription of an anesthetic or other medication(s). In the event of an emergency, I authorize the College and its agents, at their discretion, to place me for medical treatment at my expense. The College and its agents will make every effort to contact a parent or legal guardian if emergency medical care is required.
4. I also release, hold harmless, and agree to indemnify the College and its agents with regard to any financial obligations or liabilities that I personally incur, or any damage or injury to the person or property of others that I may cause or be accused of causing while participating in the Program.
5. I understand that I cannot expect and may not receive the same services and conditions that I normally enjoy while at the College.
6. In the event the College or its agents advance or loan any monies to me or incur special expenses on my behalf while abroad or in relation to the Program, I agree to make immediate repayment.
7. I agree to comply with the College's rules, standards, and instructions for my behavior. The College and its agents have the right to enforce appropriate standards of conduct and may at any time terminate my participation in the Program for my failure to maintain these standards or for any conduct which the College or its agents consider to be incompatible with the interest, harmony, comfort, and welfare of other students and the host institution. If I am expelled from the Program, I agree to be sent home at my expense and acknowledge that there will be no refund of fees.
8. I acknowledge that the use of illegal drugs is a serious offense and that U.S. citizens in a foreign country are subject to the laws of that country. The U.S. Embassy cannot obtain release from jail for a U.S. citizen and can only provide help in obtaining legal assistance. I agree to adhere to the laws in all foreign countries in which I am a visitor/student.
9. I understand that I will be expected to show sensitivity to the host culture, demonstrate culturally appropriate behavior, and observe local rules and laws.

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10. The College is not responsible for my welfare during periods of my independent travel, during my absences from the program, or after the program is completed.
11. I understand that the College reserves the right to select candidates for International and Off-Campus Programs with regard to both academic and judicial standing. I have considered carefully and take responsibility for any physical or personal limitations that might interfere with my achieving a successful experience on this Program.
12. I consent to the use of photographs and comments by the College for publicity purposes.
13. I understand that program fees are based on tariffs and currency exchange rates currently in force and are subject to change. I also understand that the College reserves the right in its sole discretion to change the Randolph College faculty coordinator, itineraries, curriculum, and other features of the Program if unforeseen circumstances arise.
14. Unless I notify the Associate Provost otherwise, I consent to the distribution of my name and campus e-mail address to potential and current Randolph College students.
15. The College strongly discourages students operating vehicles while participating in its Programs. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving motor vehicles in foreign countries extremely hazardous. Insurance requirements and other financial responsibilities vary from country to country. If, however, I decide to operate a motor vehicle while abroad, I understand that the College assumes no financial responsibility for legal aid and for my care should I become involved in an accident.
16. I agree to release the College, its agents, and staff from any liability for damage to or loss of my possessions, injury, illness or death resulting from crimes, political unrest, or acts of terrorism.
17. I understand that I am responsible for any legal fees that I incur while participating in this program.

Part II: Cost, Payment, and Credits

1. I understand that I am responsible for paying for the Program prior to the departure date, or in accordance with arrangements that I have made through the College.
2. If I decline participation in a study seminar at any time after the final date for program payment, I understand that I am not eligible for a refund.
3. Semester and full year programs: I understand that I am responsible for arranging my flight and paying for all transportation costs. In cases where the airfare is included in the cost of the program, I understand that, if I cancel or change my flight, I will be responsible for any fees incurred.
4. Semester and full year programs: I understand that an official hold will be placed on my account, registration, and transfer of credit until all payment responsibilities are fulfilled. This includes not only Program fees, but also fees owed to a host institution or host family.

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5. If the Program is cancelled or has been changed radically in its curriculum or itinerary, I will have the opportunity to withdraw prior to the commencement of the Program. In this case, the College will refund all fees except the deposit.
6. If a host institution is involved, I understand that the policy of refunds is also subject to the policies of the host institution. I also acknowledge that the College cannot influence or alter the policies, terms, regulations and conditions of the host institution.
7. I understand that there cannot be a guarantee of credit if I withdraw from the Program before the completion of scheduled instruction and examinations.

Part III: Waiver of Liability and Hold Harmless Agreement

8. In consideration for participating in _____ [program name] and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Randolph College, the Board of Trustees, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
9. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
10. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
11. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Commonwealth of Virginia.
12. I UNDERSTAND THAT THE COLLEGE WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.

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13. I further agree to become familiar with the rules and regulations of the College concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
14. I also understand that I should and am urged by the College to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.

Part IV: Statements – Student and Parent/Guardian

Student Statement

I have read the terms and conditions set forth in Parts I, II and III of this **Agreement and Release Form** and understand that they constitute my agreement with the College. I understand that the Commonwealth of Virginia governs this agreement and that it becomes effective on the date of my signature or the signature of my parent/guardian.

I also understanding that in signing this Statement, I acknowledge and represented that I have read Part III Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signature: _____

Print your name: _____

Date: ___/___/___

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The Provost Office strongly encourages all students to share information about their program with their parents or guardian. Please provide your parent/guardian with a copy of this *Student Agreement and Release*, secure their signature to the following Agreement and Release, and return this page to Provost Office.

Parent/Guardian Agreement and Release

I have read the terms and conditions set forth in Parts I, II, and III of this **Agreement and Release Form** and understand that they constitute my agreement with the College. I understand that the Commonwealth of Virginia governs this agreement and that it becomes effective on the date of my signature or the signature of my offspring/ward.

Signature: _____

Print your name: _____

Print name of your offspring/ward: _____

Date: ___/___/___

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Health Assessment for Participation in program detailed in Section B, page 1

Student's name: _____

Health Center Director: _____ Ruby Bryant, RN _____

Date: _____

Following my consultation with the student to assess his/her emotional and physical fitness according to the "Study Abroad/Intern Abroad Program Health Documentation", the student understands the physical/emotional rigor required for participation in the specified program.

The student verbally demonstrates understanding of his/her ability to

- spend a significant amount of time being in close proximity to groups of people (known and unknown) for an extended amount of time in a foreign country? YES NO
- independently navigate foreign locations without faculty supervision during meal times and other periods of free time, as indicated on the Itinerary or as required by the program?
 YES NO

I recommend this student for participation in the program detailed in section B, page 1:
 YES NO

Comments:

Signature: _____

Date: _____