



Kentucky Institute for International Studies Medical History Form

IV. Release for Study Abroad – TO BE COMPLETED BY LICENSED PROFESSIONAL ONLY (IF REQUIRED)

Student Name _____ Date of Birth _____

KIIS Program _____ Program Dates _____

The applicant has indicated a chronic and/or recurrent health problem. You are being asked to evaluate the physical, emotional and/or mental health of the above-named applicant for participation in a study abroad program. The availability of health services in the country(ies) that the applicant will be traveling should be considered.

Diagnosis _____

Medications and Dosage _____

Stability of condition over the past two years _____

Recommendations for care of this individual should an incident occur _____

Is this individual capable of participating in the program to which he/she is applying? Yes No

A) I have discussed this condition with the participant and approve travel and residency abroad for this program. Please indicate how the student has been prepared to deal with his/her condition.

B) I have discussed this condition with the participant and approve travel and residency abroad for this program with the following stipulations (please indicate any overseas monitoring or continued care or other attention required—such as participant be accompanied by a care-giver).

C) I have discussed this condition with the patient and do not approve travel or participation in this program.

Name of Licensed Professional (print) Signature Date

Address & Phone of Licensed Professional

Please return this form directly to the Kentucky Institute for International Studies

Email: kiis@wku.edu	Fax: 270-745-4413
--	--------------------------