



Kentucky Institute for International Studies Additional Medical History Form

TO BE COMPLETED BY A LICENSED MEDICAL/MENTAL HEALTH CARE PROFESSIONAL ONLY

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 _____

Medication	Dosage
PLEASE USE ANOTHER PAGE FOR ADDITIONAL MEDICATIONS	

Stability of condition over the past two years _____

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 a plan for medical and/or mental health care has been developed (please indicate below any overseas monitoring, continued care, or other attention required —such as participant be accompanied by a care-giver).

B) I have discussed this condition with the patient and do not recommend travel or participation in this program at this time.

Name (print) Signature Date

Office Address & Phone Number

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

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