

**Princeton University Health Services**

**\*\*\* CONFIDENTIAL \*\*\***

**Medical Profile and Consent for Care**

*Give this form to your trip leader/designated program abroad sponsor in a sealed envelope to be opened in case of emergency. If there is no trip leader/designated sponsor, keep the form on your person in the event that you need to provide a profile for treatment.*

Name: \_\_\_\_\_ Gender: M / F

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Sec. Number: \_\_\_\_\_

**In Case of Emergency Notify:**

1. Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Personal Physician:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Health Insurance:**

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Group No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Other Information:**

Blood Type (if known): \_\_\_\_\_

Known allergies or drug reactions: \_\_\_\_\_

*(please describe type and severity of reaction)*

\_\_\_\_\_

Current Medications: \_\_\_\_\_  
(Include exact dosage and reason for medication)

Current medical problems or health concerns: \_\_\_\_\_  
(list ALL problems, whether or not they impact your studies abroad)

Past Illness/hospitalizations/surgery: \_\_\_\_\_

Have you ever had chickenpox: Y / N

**REMINDERS:**

- Include an up-to-date copy of your immunization record. Current students can print out their immunization record by going to [www.princeton/MyUHS](http://www.princeton/MyUHS). Select “immunizations” and, using the print button on the immunization page, print the immunization record. Students may also contact [uhs@princeton.edu](mailto:uhs@princeton.edu) and request a PDF of the immunization record be sent to them by e-mail.
- If you have a significant allergy or health problem, obtain and wear a MedicAlert bracelet (1-800-IDALERT).
- Inform your study abroad program of any conditions which will restrict your study abroad experience or otherwise affect your ability to participate in this trip.
- Make an appointment with the Travel and Immunizations office of University Health Services (258-5357) to update immunizations and obtain travel health advice.

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*I give permission for this form to be kept on file with the trip leader/program abroad sponsor and to be provided to health care personnel in the event that I require medical care during my time abroad.*

*In the event that I am unable to give consent to medical care myself, I hereby give to the trip leader/program abroad sponsor or a duly appointed representative to consent to care for me, including medical and surgical treatment and hospitalization if necessary.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For travelers under 18 years of age:**

*I give permission for the trip leader or his/her representative to obtain and consent to care for my son/daughter, including medical and surgical treatment and hospitalization if necessary, in the event that I cannot be reached in an emergency.*

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: \_\_\_\_\_