

XAVIER UNIVERSITY
Off-Campus Experience
Emergency Medical Care Authorization and Health History

Occasionally a Xavier student participating in a Xavier University Off-Campus Experience may face a health emergency requiring local hospitalization or emergency treatment. I authorize Xavier University, through its representatives, to secure emergency medical care, hospitalization or surgical treatment or dental treatment for me during my participation in this Xavier University Off-Campus Experience. However, I understand that Xavier is under no duty to secure such care or assist me in any other way in the event of such a health emergency.

In the event of a medical emergency, I authorize Xavier University, through its representatives, to contact the person or persons designated below:

FIRST EMERGENCY CONTACT	SECOND EMERGENCY CONTACT
Name: _____	Name: _____
Relationship _____	Relationship: _____
Address _____ _____	Address: _____ _____
Telephone (day): _____	Telephone (day): _____
Telephone (evening): _____	Telephone (evening): _____
Cell Phone _____	Cell Phone: _____
E-Mail: _____	E-Mail: _____

Certificate of Medical Insurance Coverage

Xavier University requires that all students have insurance with medical coverage while participating in an Off-Campus Experience. By signing below, I certify that I understand Xavier University is not required to pay for any of my medical costs while I am participating in this Experience. I further understand that Xavier University is not required to pay for any evacuation, reunion or repatriation of remains costs that arise out of my participation in this Experience.

I certify that I will be covered by medical insurance with this type of coverage valid during the time that I participate in this Off-Campus Experience, or that I understand and fully accept any and all consequences of not being covered by such insurance during my participation in this Experience.

XU Student's Signature: _____ Date: _____

Parent's or Guardian's Signature (if student is under age 18): _____ Date: _____

Printed Name of XU Student: _____ XU Banner ID: _____

Insurance Company (if applicable): _____ Policy Number (if applicable): _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK

A copy of this form will be kept at Campus Police and with the sponsoring department. The original will be kept by the Experience organizer participating in the Off-Campus Experience.

**This is the only form approved by Xavier University for this purpose.
It may not be modified or changed in any way.**

HEALTH HISTORY

The following information concerning medical history, including allergies, medications being taken, and physical impairments, to which a physician should be alerted:

GENERAL INFORMATION

_____ () Male () Female
(LAST NAME) (FIRST) (MIDDLE) (BIRTH DATE)

PERMANENT MAILING ADDRESS:

(STREET) (CITY) (STATE) (ZIP CODE) (TELEPHONE)

HEALTH PROBLEMS – List any continuing health problems: _____

DRUG ALLERGIES AND REACTION – List any drug allergies and briefly describe what happened:

MEDICINES – List any medicines, pills or injections (prescription and over-the-counter) you take regularly: _____

HISTORY – Check if you have ever had any of the following:

_____	Anemia	_____	Heart problems (describe)
_____	Asthma/hay fever/allergy	_____	Jaundice/hepatitis
_____	Back problems	_____	Protein/sugar in urine
_____	Bladder/kidney problem	_____	Surgery _____
			(TYPE AND YEAR)
_____	Epilepsy/convulsions	_____	Emotional/Mental problems
_____	High blood pressure	_____	Drug/Alcohol problems
_____	Ulcer/stomach problem		

_____ Have you ever lived in close contact with anyone who had tuberculosis?
TB skin test: _____ negative _____ year TB Medicines Taken: _____
_____ positive _____ year _____
_____ never tested

Anything else that we should be aware of? _____

FAMILY MEDICAL HISTORY

Has anyone in your family had any of the following problems?

_____	Asthma/hay fever	_____	High blood pressure
_____	Diabetes	_____	Sickle cell/anemias
_____	Heart disease		

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Xavier University
Health Screening Examination
(To be performed by a physician or other health care provider)

A physician or other health care provider should complete this form after reviewing the student's Health History Form with the student. For students seeing a specialist for a serious ongoing condition, the approval of the specialist must also be obtained.

I have completed a history and physical examination of Xavier Student, _____, and determined that he or she is in good physical and mental health. I do not foresee any medical problems that would interfere with his or her full participation in the Off-Campus Experience in _____.

Physician's Signature: _____

Physician's Name: _____ Date: _____

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