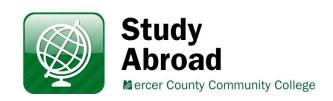
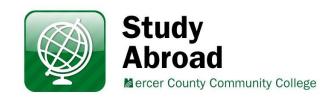
Mercer County Community College Faculty-led Study Abroad <u>**HEALTH DISCLOSURE FORM**</u>



Name:	(Print)	(Student ID)
_	e your safety, complete this "Health Disc	mentally, and emotionally demanding. To closure Form" and have it reviewed by a
Please	answer the following:	
1.	Are you under a physician's care for a month of the second	edical condition?yesno nt). Continue on reverse side if necessary.
2.	Are you receiving treatment or counseling	yesno
	If yes, please explain (condition, treatmen	nt). Continue on reverse side if necessary.
3.	Are you taking any prescription medication	ons, excluding birth control pills?yesno
	If yes, please explain (condition, treatmen	nt). Continue on reverse side if necessary.
4.	, , , , , , , , , , , , , , , , , , ,	es or allergies?yesno nt). Continue on reverse side if necessary.
5.	Do you have any physical limitations that travel experience?	t can affect your participation in any part of this
		yesno nt). Continue on reverse side if necessary.
ackno inform aware will be	wledge that, ultimately, I am responsible nation here is an important part of fulfile that in a medical emergency my parent e notified.	ling my responsibilities. In addition, I am (s)/guardian(s) and/or emergency contact(s)
	(Sign)	(Date)

Mercer County Community College Faculty-led Study Abroad **HEALTH DISCLOSURE FORM**



Notice of Privacy Practices

I consent to Mercer County Community College's use and disclosure of my personal health information to any health care provider involved in my care or to whom I may be transferred or referred for care and to family members or others who may be involved in my care.

My signature below means I was given a copy of the **Notice of Privacy Practices**, which explains in more detail some of the uses and disclosures of my health information. Also, my signature means I have read, understand and agree to the Notice of Privacy Practices and my questions have been answered.

Participant	::(Sign)	(Date)
Witness: _	(Sign)	(Date)