



Please explain any conditions for which you checked "yes" above. Please mention any other injuries, diseases or medical conditions that you have had within the last five years. Would any of these conditions require medical attention while on the study abroad program?

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Are you generally in good physical condition? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

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Please indicate any medications that you must continue taking while on the study abroad program: \_\_\_\_\_

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Please indicate any known allergies: \_\_\_\_\_

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Have you ever been treated or are you currently being treated for any psychological or emotional problems? \_\_\_\_\_

If "yes", please explain: \_\_\_\_\_

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Are you a vegetarian or are you on a restricted diet? \_\_\_\_\_ If "yes", please explain: \_\_\_\_\_

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Is there any additional information (concerning medical conditions or disabilities) that would be helpful for the program to be aware of during your study abroad experience? Please explain: \_\_\_\_\_

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**Emergency Contact Information** (please identify the person to be contacted in case of emergency):

Person(s) to contact in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: Home – \_\_\_\_\_ Work – \_\_\_\_\_ Cell – \_\_\_\_\_

**Certification and Permission for Emergency Medical Treatment:**

*In the event of injury or illness to myself, I hereby authorize the official representative of SJSU's Salzburg Seminar Program to secure whatever medical treatment necessary, including anesthesia and surgery.*

*I certify that all responses made on this Certification of Health form are true and accurate, and I will notify the Faculty Leaders if any relevant changes in my health may occur prior to the start of the program.*

\_\_\_\_\_  
Name (Print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date