

# INTERNATIONAL TRAVEL STUDIES INSTITUTE HEALTH INFORMATION WAIVER & RECOMMENDATION SHEET TO THE STUDENT

## INSTRUCTIONS

### The information contained in this form is CONFIDENTIAL and will be reviewed by International Travel Studies Institute staﬀ only!

Once completed, please forward to the International Travel Studies Institute (ITSI) oﬃce: 285 East 1910 South, Orem, UT 84058 or email scanned form to: [travelstudiesinstitute@gmail.com.](mailto:travelstudiesinstitute@gmail.com) This form must be completed before the ﬁnal admission interview may be scheduled.

Please complete the following information, being honest with yourself and the interviewer.

1. **CONFIDENTIAL PERSONAL HEALTH HISTORY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FIRST NAME AND MIDDLE INITIAL | LAST NAME | ITSI PROGRAM | | | | BIRTHDATE | AGE | GENDER |
|  |  |  | | | |  |  |  |
| ***Do you have or have you experienced:*** | | | **Y** | **N** | *If yes, refer to the item by number, explain when the problem occurred, and give details of present condition.* | | | |
| 1. Ear pain or any problem with hearing? | | |  |  |
| 2. A need to take any kind of medicine? Please list. | | |  |  |
| 3. Eye discomfort or diﬃculty? | | |  |  |
| 4. Frequent headaches? | | |  |  |
| 5. Dizziness or fainting spells? | | |  |  |
| 6. Hay fever or nasal problems? | | |  |  |
| 7. Food allergies? | | |  |  |
| 8. Hives or skin allergies? | | |  |  |
| 9. Skin sores or rashes? | | |  |  |
| 10. Warts or sores on feet? | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Continued ...*** | **Y** | **N** | *If yes, refer to the item by number, explain when the problem occurred, and give details of present condition.* |
| 11. A lump, new or changing mole, or swelling? |  |  |
| 12. Coughing, frequent sore throat? |  |  |
| 13. Chest pain or shortness of breath? |  |  |
| 14. Spitting or coughing up blood? |  |  |
| 15. Sweating at night? |  |  |
| 16. Stomach aches, burning, or indigestion? |  |  |
| 17. Urinary diﬃculties? |  |  |
| 18. Pain in back, neck, or joints? |  |  |
| 19. Diﬃculty walking, running, or lifting things? |  |  |
| 20. A rupture or hernia? |  |  |
| 21. Diﬃculty with bowels or bowel movements? |  |  |
| 22. Any female diﬃculties, painful menstruation, etc.? |  |  |
| 23. Any injury or illness not already noted? |  |  |
| 24. A drug or medicine reaction? |  |  |
| 25. Heart disease or surgery? |  |  |
| 26. Diabetes or hypoglycemia? |  |  |
| 27. A goiter or other thyroid disease? |  |  |
| 28. High blood pressure? |  |  |
| 29. Excessive bleeding? |  |  |

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| --- | --- | --- | --- |
| ***Continued ...*** | **Y** | **N** | *If yes, refer to the item by number, explain when the problem occurred, and give details of present condition.* |
| 30. Tumor, growth, cyst, or cancer? |  |  |
| 31. A dependency on medicine or drugs? |  |  |
| 32. A stroke? |  |  |
| 33. Professional counseling for emotional problems? |  |  |
| 34. Medication/hospitalization for an emotional problem? |  |  |
| 35. Tuberculosis? |  |  |
| 36. A knee injury? |  |  |
| 37. Limb loss, or deformities, or other handicaps? |  |  |
| 38. A back injury or deformity? |  |  |
| 39. A pain or pressure in the chest? |  |  |
| 40. Asthma or wheezing? (Do you have an inhaler?) |  |  |
| 41. Stomach or intestinal ulcers? |  |  |
| 42. Seizures, convulsions, epilepsy? |  |  |
| 43. Kidney disease or stones? |  |  |
| 44. Gall bladder trouble or stones? |  |  |
| 45. Allergies to medications, bee stings, foods, etc.? (If so, do you have a kit?) |  |  |
| 46. Anorexia, bulimia, or other eating disorders? |  |  |
| 47. A suicide attempt? |  |  |
| 48. Motion sicknesses of any type? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 49. Vegetarian (If so, how long?) |  |  |  |
| 50. Attention Deﬁcit Disorder (ADD) or learning disability? |  |  |
| 51. Other health problem, surgery, or hospitalization not noted above? |  |  |

*If any current health problems exist, or you are involved in professional counseling, a written conﬁdential assessment from your health provider or therapist and signed permission for the International Travel Studies Institute interviewer to discuss the matter with the health provider or therapist must be provided. The Health Information Waiver and Recommendation Sheet is printed on the next page. Please ﬁll out the top portion and send the sheet to International Travel Studies Institute, 285 East 1910 South, Orem, UT 84058.*

*Please sign:* ***The above information is truthful and complete.***

### Signature of applicant Date



INTERNATIONAL TRAVEL STUDIES INSTITUTE HEALTH INFORMATION WAIVER & RECOMMENDATION SHEET TO THE STUDENT

Due to the physical, emotional, and academic demands of the International Travel Studies Institute programs, an Institute administrator needs to visit with your health provider, physician, counselor, and/or therapist to discuss the condition(s) you have disclosed **before** we can admit you to the program for which you have applied. The following is a release by which you give us permission to discuss the condition(s) you have disclosed.

I, , hereby authorize

*(Please print your name)*

Name\_ \_

Address

*(Please provide the name, address, telephone, email, & FAX of your physician, counselor, or therapist)*

Phone Email FAX

to release the following information concerning my treatment:

The above-mentioned physician, counselor and/or therapist are hereby authorized to release the above speciﬁed information to: The Intern National Travel Studies Institute, 285 East 1910 South, Orem, UT 84058 for the purpose of evaluation for admission into an International Travel Studies Institute program.

Signed Witnessed by Date

**TO THE PHYSICIAN, COUNSELOR, and/or THERAPIST**

Your patient is being considered for admission to an International Travel Studies Institute program which requires long-term residency and travel in the Middle East. Due to the unique nature and demands of the program, each applicant is screened thoroughly, particularly with regard to emotional and medical health issues. The student will be placed in a foreign living situation that is physically, emotionally and academically rigorous without the usual support services available in the United States or which they may normally be accustomed to in familiar home environments. Our concerns are both for the student and his/her fellow students. Students who require special medical or emotional attention may cause a disruption to the program and even endanger the wellbeing of others. Rather than beneﬁt from the experience, the student may, in fact, be harmed. We must ensure that this student can **independently** manage physical and emotional challenges in a demanding environment. We, therefore, request that you thoughtfully and carefully review this applicant's condition(s) for ﬁtness to participate in an International Travel Studies Institute program. Given the above signed release, we would like to discuss this matter with you and ask as well, that you have a follow-up visit with your patient. You will be contacted by an interviewer from the International Travel Studies Institute, Orem, Utah oﬃce. Following the discussion(s) with our organization *and* a follow-up visit with your patient, please complete this form and return it to our oﬃce: 285 East 1910 South, Orem, Utah 84058, or a scanned copy to travelstudiesinstitute@gmail.com.

Following the discussion with a representative of the International Travel Studies Institute, I, , met with my patient on . I have reviewed the patient’s current and/or pre-existing medical, psychological, and/or other treatments and counseling as they pertain to the patient’s ability to participate in an International Travel Studies Institute program. According to my understanding of the physical, emotional and academic requirements placed on student who participates on this program, I make the following recommendation:

□

I fully endorse this student for participation in this program.

□

I cannot endorse this student for participation in this program for the reasons indicated below:

Comments: