

DAEMEN ISRAEL STUDY ABROAD STUDENT HEALTH FORM



SUBMISSION OPTIONS: Online (preferred): daemen.edu/branchcampusupload
Fax: 716-839-8230 Mail: 4380 Main St. Box # 104 Amherst, NY 14226

Students may take this form to their medical provider to complete, sign or stamp. Alternatively, students may submit immunization meningitis disease at this time.

Student Signature

Parent/Guardian Signature (student is under 18)

PART 3 – SUPPORTING COVID-19 VACCINATION

Daemen University strongly encourages all campus community members to get vaccinated. Individuals who are boosted will face fewer restrictions and be better protected from serious COVID-19, please submit proof online to daemen.edu/covid19upload

_____ Provider Name (print or stamp)	_____ Provider Signature	_____ Provider Address & Phone Number	_____ Date
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DAEMEN ISRAEL STUDY ABROAD PHYSICAL FORM

The purpose of this form is to determine the student's health history and any special needs they may have in order to help ensure a successful and safe experience abroad.

THIS FORM MUST BE COMPLETED WITHIN 1 YEAR OF STUDENT'S DEPARTURE DATE.

LAST NAME (BIRTH)

FIRST NAME (BIRTH)

DATE OF BIRTH

PART 1 – GENERAL HEALTH (student to complete)

List any recent or continuing health problems:

List any drug, food, or environmental allergies and briefly describe the reaction:

List any physical or other disabilities (e.g. emotional, learning, mental):

List any history or mental health concerns (e.g. depression, anxiety, eating disorder, substance abuse):

PART 2 – B Tw7 0)T0d(B10c 502 QM)565(E)-65(D)-206(i)-205(CA)-2014.90C>1(I)-204(ON)-202(S)-2144((2)Jf2(B12(w C>Z Q()8(s9 (T)9t)04(u)4(d)034en