

OFF-CAMPUS STUDY



Medical Information and Release

MVNU students who are participating in any off-campus study program, as well as course-embedded or service-learning travel where they will be gone overnight should complete this form. The purpose of this form is to help your trip leader and the Center for Global Engagement be of maximum assistance to you should the need arise during your study away experience.

**Participant Information**

Off-Campus Program: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student ID: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone/cell number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Permanent Address (non-MVNU) Street Name/Number: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

**Emergency Contact Information**

Name (print) \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Relationship:  Parent  Guardian  Spouse  Brother  Sister  Other (list) \_\_\_\_\_

**Health and Accommodation Information**

Yes  No I present that, to the best of my knowledge, I can **safely and substantively participate** in this program. **If no**, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No There are **health or accommodation needs** that I would like for the trip leader to be aware of in planning for me in this program. **If yes**, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last **tetanus** booster: \_\_\_\_\_

Date of last **hepatitis A** immunization or booster \_\_\_\_\_

Have you taken the series of 3 **hepatitis B** vaccinations?  Yes  No  
If **yes**, give dates: \_\_\_\_\_

Have you been vaccinated for **COVID-19**?  Yes  No  
If **yes**, give dates: \_\_\_\_\_

**Validation and Consent to Release Medical Information**

- I affirm that the information provided on this form is accurate and complete. If any information is inaccurate or incomplete, I release MVNU from any liability and may be subject to disciplinary action by MVNU.
- The information on this form may be used by MVNU in an emergency situation.
- In case of a medical emergency, MVNU asks for your permission to release medical information to your parents, family members, or other responsible party in the event you need care or evacuation. Check one:

\_\_\_ I authorize an MVNU designee to contact any of the individuals listed below to provide them with medical information in the event that I need medical care or evacuation while I am engaged in an off-campus study program. If so, please complete contact information below.

\_\_\_ I do not authorize an MVNU designee to contact anyone to release medical information in the event that I need medical care or evacuation while I am overseas.

List name(s) of person(s) and their contact information to release medical information to:

Name	Relationship	Primary Phone Number	Email

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**Take the completed form to the Center for Global Engagement  
(Hyson Campus Center, 2<sup>nd</sup> floor).**