



Institute for Shipboard Education | Semester at Sea®
 Colorado State University
 Campus Delivery 1587
 Fort Collins, CO 80523
 Phone: 800.854.0195

All participants are required to submit a medical history form and must be medically cleared by the ISE health team in order to participate on the Homecoming Voyage. This document is the required form for your voyage. Failure to return your completed medical history form by **November 30, 2021** may prohibit you from sailing. You may choose to review this with your healthcare provider and/or add supplemental medical notes at your discretion.

Please be aware that an approved **COVID-19 vaccine** is required to sail and you must include a photo of your inoculation card with this form.

Your SAS Medical History Form is due November 30, 2021

Please send PDF file to: medical@semesteratsea.org

(Embedded files from cloud storage servers cannot be accepted)

Medical History Form

Participant's Name	Date of Birth	Age	Gender
Emergency Contact Name	Relationship	Phone Number(s)	

Allergies:

Medication Allergy	Reaction
SEVERE Food or Insect Allergy	Have you been prescribed an Epi-Pen?

Please list prior hospitalizations and surgeries for medical or mental health care:

Date	Brief Detail

Participant's Name _____ Date of Birth _____

Please list all prescription medications you will bring:

Medication	Diagnosis	Dose

All current & past conditions/symptoms in the last 5 years. Please mark yes or no on every line.

	Condition	Yes	No		Condition	Yes	No
1.	High Blood Pressure			17.	HIV / STD		
2.	Heart Disease			18.	Hepatitis A, B or C		
3.	Recurrent Lung Infections			19.	Cancer		
4.	Chronic Cough			20.	Anxiety		
5.	Chronic Asthma (EXCLUDING Exercise-Induced Asthma)			21.	Depression		
6.	COVID-19 positive exposure or illness			22.	Attention Deficit Disorder		
7.	Tuberculosis / Recent Exposure to TB			23.	Bipolar Disorder		
8.	Endocrine Problems			24.	Cutting/Other Self-Harm		
9.	Diabetes			25.	Eating Disorder		
10.	Thyroid Problems			26.	Chronic Skin Problem		
11.	Gastrointestinal Problems			27.	Hearing Impairment		
12.	Medically Necessary Dietary Requirements			28.	Eye Problems (EXCLUDING need for glasses or contacts)		
13.	Kidney Problems			29.	Medical Equipment/ Devices		
14.	Seizure Disorder/Epilepsy			30.	Currently Pregnant		
15.	Head injury with Neurological Impairment or Concussion			31.	Bleeding Disorder/Anemia/Blood Clots		
16.	Chronic or Migraine Headaches			32.	Other Chronic Medical or Mental Health Illness		

Attestation: I affirm that the information I have provided above is a clear and honest representation of my medical and mental health history. Information submitted in this form will be kept confidential and only be distributed on a need-to-know basis. I authorize the release of my complete medical information from my health care providers to Institute for Shipboard Education/Semester at Sea, Cruise Management International (CMI), Cultural Insurance Services International (CISI), and/or port authorities as deemed necessary, and I agree to complete any additional authorization forms necessary to ensure that the ISE Health Team has my complete record from my other providers. This includes speaking directly with my health care providers. I give permission for communication of my medical information to the Institute of Shipboard Education/ Semester at Sea health care team (including but not limited to the voyage physician, physician assistant or nurse practitioner, psychologists, counselors and consultants) through non-secure email for continuity of care. I authorize this health care team to discuss my medical care with my physician, physician assistant or nurse practitioner, psychologist, counselor or other members of my health care team.

Participant's Signature: _____ Date: _____

Email Address: _____ Phone: _____