

HEALTH INFORMATION

Andrews University • Behavioral Sciences Peru Tour • 10-24 May 2018

PARTICIPANT INFORMATION

Name

Student ID #

VACCINATION & MEDICATION REQUIREMENTS

Required

Yellow Fever Vaccination
- Along with stamped vaccination certificate
Diamox Prescriptions (to prevent altitude sickness)
Any prescription you currently take

Recommended

Current Tetanus Vaccination
Hepatitis A Vaccination
Current Typhoid Vaccination
Antimalarial Prescription (see Erica for details)
Over-the-counter Anti-diarrheal
Over-the-counter medicine for upset stomach

HEALTH INFORMATION

Do you have....

☐ Asthma ☐ Seizures
☐ Diabetes ☐ Allergies (list): _____

Please list any other health or dietary concerns or restrictions that may need to be addressed during the tour (the more information we know, the better prepared we can be to assist in the case of an emergency):

AGREEMENT

By my signature, I hereby agree that I have been given and understand the information provided regarding health concerns that may be present during the tour. In addition, I agree that I have provided the tour organizers with proof of the required vaccinations/medications. If I have chosen not to get the recommended vaccinations and/or prescriptions, I agree that the Department of Behavioral Sciences and Andrews University will not be held liable for any circumstances that may arise from my decision to abstain from following the recommendations laid out in this document, including, but not limited to, discomfort, illness, hospitalization, death, or financial liability.

Signature

Date