

# Trinity University Health Services

## Study Abroad Pre-Physical Questionnaire

This form must be completed before scheduling an appointment for a Study Abroad Physical. If you have additional forms that need to be completed by the physician please forward them to us prior to your appointment.

This form may be mailed to: 1 Trinity Place #80, San Antonio, TX 78212 or fax to: (210) 999-8378 or email to [healthservices@trinity.edu](mailto:healthservices@trinity.edu) or hand deliver to Health Services, Myrtle McFarlin Residence Hall. If you have questions contact Health Services at (210) 999-8111.

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please list the countries you are traveling to and approximate length of stay in each country:**

Country:	Province/District	City	Dates of travel
<i>Example:</i> <u>Vietnam</u>	<u>Dak Lak Province</u>	<u>Buon Ma Thuot</u>	<u>9/1/15-10/31/15</u>
<u>Belize</u>	<u>Toledo District</u>	<u>Punta Gorda</u>	<u>11/5/15-12/13/15</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

**Type of Stay (check all that apply)**

- |                  |              |                 |
|------------------|--------------|-----------------|
| Urban/City       | Rural        | Camping/Outdoor |
| School Dormitory | Home Stay    | Hotel/Motel     |
| Apartment        | Youth Hostel |                 |

**Activities Planned Outside the Classroom (check all that apply)**

- |                          |                         |                             |
|--------------------------|-------------------------|-----------------------------|
| Hiking                   | Camping                 | Volunteer work              |
| Working with animals     | Archaeological dig      | Swimming in lakes or rivers |
| Swimming in Ocean        | Snorkeling/scuba diving | Medical center work         |
| Travel to high altitudes |                         |                             |