

# Study Tour Medical Coverage Form | Israel & Jordan

## February 24 – March 10, 2012

**Regent University, School of Divinity**  
 100 Regent University Dr.  
 Virginia Beach, VA 23464

**GENERAL INFORMATION:**

Name: \_\_\_\_\_  

Last
First
Middle
Sex

Mailing Address: \_\_\_\_\_  

Street
City
State
Zip

Permanent Address: \_\_\_\_\_  

Street
City
State
Zip

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Passport #: \_\_\_\_\_

Preferred Roommate: \_\_\_\_\_

In Case of Emergency notify:

\_\_\_\_\_  

Name
Address
Telephone

**MEDICAL HISTORY AND INFORMATION:**

Please identify the existence of any of the following medical conditions, approximate age of diagnosis, and treatment.

Allergy _____	Asthma _____
Amoebic Dysentery _____	Cancer _____
*Diabetes _____	*Mental Health Condition _____
*Epilepsy _____	*Foot or Leg Conditions _____
*Gastro-Intestinal _____	*Heart Condition _____
*High Blood Pressure _____	*Hypertension _____
Hepatitis _____	Hypoglycemia _____
*Kidney Condition _____	Mononucleosis _____
Malaria _____	Migraine Headache _____
*Mental Disorder _____	*Nervous Disorder _____
Paralysis _____	Pneumonia _____
Rheumatic Fever _____	Tuberculosis _____
HIV/AIDS _____	Other _____

**\*PLEASE NOTE:** Applicants with a condition marked by an asterisk (\*) are **required** to consult with their physician as to the feasibility of participation. Those applicants who identify such conditions are required to provide a medical clearance as a prerequisite to participation in the program. The program is physically demanding and may exacerbate existing medical conditions.

**For any of the following questions, if the answer is YES, please provide an explanation on the reverse of this page.**

Do you have any apprehension regarding your health and program participation?       YES     NO

Have you ever been under the care of any mental health professional?       YES     NO

Are you receiving medication or under a physician's care for any medical condition?       YES     NO

Are you allergic to any medications or foods?       YES     NO

Do you have any dietary restrictions?       YES     NO

Do you have any previous history of substance abuse?       YES     NO

Are there any other medical conditions or information we should know about you?

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**INSURANCE INFORMATION:**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address:

Number and Street: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you verified that your health insurance policy will cover you while abroad, providing not only medical coverage but also medical evacuation and repatriation services?

YES     NO

**Overseas medical insurance**

All participants are required to have insurance that provides not only overseas medical coverage but also medical evacuation and repatriation services. Trip cancellation and curtailment coverage is also recommended. If your current insurance carrier does not provide such coverage, the insurance company recommended by the University is Wallach & Company. Regent University is not responsible for covering medical expenses while abroad. Participants should have a credit card or contingency funds to cover unexpected medical treatment.