

Health, Diet & Insurance Form
University of Nebraska at Kearney (UNK) Short-term Programs

The purpose of this form to help the UNK Office of Study Abroad (OSA) and your Program Director to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context.

Name of UNK Director: _____

Program Begin Date: _____ (MMDDYY) Program End Date: _____ (MMDDYY)

Name of Participant: _____

Date of Birth: _____ *Last* (MMDDYY) *First* *Middle*
Gender: M ☐ F ☐

NUID: _____ UNK Email (Prefix): _____

Class Standing before program: FR SO JR SR GRAD (*circle one*)

Major(s): _____

If you are an international student at UNK, are you degree-seeking? Yes No (*circle one*)

Please provide two or more contacts. These will be contacted should UNK or its authorized representatives determine that an emergency - whether medical or otherwise - has arisen in the course of your program of study abroad.

1) Emergency Contact Name: _____

Relationship to you: _____

Telephone No.: _____ Email: _____

2) Emergency Contact Name: _____

Relationship to you: _____

Telephone No.: _____ Email: _____

The UNK Study Abroad Office provides a travel insurance policy that covers basic medical costs of students at a minimal cost. If you are covered by a major medical plan, other than the travel insurance provided by UNK Study Abroad, please provide the following information:

Insurance Company Name: _____ Policy No.: _____

If you would like more information regarding the UNK Study Abroad Health Insurance, please contact the Office of Study Abroad Coordinator (parkam@unk.edu) for instructions on how to purchase a policy.

Participant Signature (Required)

By signing this document, I certify that all of the information provided on this *Health, Diet & Insurance Form* is accurate. I agree to inform the UNK Office of Study Abroad immediately if there are any significant changes in my health before or after my international program begins. I also understand that this form will be used only as a source of information, and the UNK Office of Study Abroad and related staff are not responsible for my health.

I have read and fully understand the terms of this document and, in consideration of participation in this program, agree to the provisions thereof.

Full Name (print)

Signature

Date