

# INTERNATIONAL BUSINESS INSTITUTE

Student Information and Health Form – 2017

## **PLEASE PRINT CAREFULLY – THANK YOU**

Name:		Date:	
First Name Used:		Gender:	
Social Security #:		Birth Date:	
Permanent or Home Address:			
Home Phone:		Cell Phone:	
GPA	Major Field:		Expected Date of Graduation
<u>Parent's Occupation:</u> Father: Mother:			
<u>Passport Information:</u> Number: Date and Place of Issue:			
Church Affiliation:			
Career Goals:			
Extra-curricular interests:			
Have you traveled overseas before? If so, where and when:			
Are you fluent in any other language?			
How did you first hear about IBI?			

## **EMERGENCY CONTACT #1**

Name:	
Relationship:	
Address:	
Home Phone:	Cell Phone:
Email:	Work Phone:

(OVER)

<b>EMERGENCY CONTACT #2</b>	
Name: Relationship:	
Address:	
Home Phone:	Cell Phone:
Email:	Work Phone:

**INSURANCE:**

Name of family or personal health and accidental insurance
Company:
Address:
Phone Number(s):
Group Name:
Group Number:
Are you fully covered by your parent's plan?
Does the policy include overseas or foreign coverage?

**YOUR HEALTH INFORMATION:**

Are you presently under medical care or treatment? If so, please provide details including current medication:
Do you have any emotional, physical, or medical condition which could make it difficult for you to travel overseas and participate in a strenuous academic and travel program?
Are you allergic to any medications? Please indicate below:
Any other allergies?
Are there any dietary restrictions which we should be aware of?
<b>Please enclose your physician's summary of any medically significant problems.</b>