

AUSTRAL EXCHANGE STUDENTS- HEALTH INFORMATION



Student Name:
Passport number:
EMERGENCY CONTACT – someone to contact in case of an emergency Relationship: _____ (mother, father, friend, etc)
Full name:
E-mail:
Language/s spoken:
Cell phone number (country code + city code + number):

HEALTH INFORMATION

Blood type: Rh:
Please list any allergies you have (food, medicine, other)
Do you have any pre-existing or recurrent conditions (emotional, physical, etc.) that might require attention while in Argentina?
Have you had any medical intervention or surgery in the past 12 months? If so, what kind?
Please provide any other important information about your medical condition not yet stated.