

FORM I - Basic Information

General Information

First Name:			
Last Name:			
Date of Birth (with letters):			
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Passport Number:			
Citizenship:			
Permanent address:			
Personal Email:			
University/College/School Email:			
Phone number:			
MVI Course Start Date (dd/mm/yy):			
MVI Course End Date (dd/mm/yy):			
Name of University/College/School:			
What is your College major? minor?			

May we use photos taken of/by you during this program for our own marketing? yes no

Emergency Contact Information

Primary contact person		
Name:		
Address:		
Phone (work):		
Phone (home):		
Email:		
Relationship to you (parent/etc.):		
Secondary contact person		
Name:		
Address:		
Phone (work):		
Phone (home):		
Email:		
Relationship to you (parent/etc.):		

FORM II - Health Information

Your health and safety are important to us. Any health information you share will help us deal with any health or emergency issues should they arise

Family Health Care Provider

Name of Physician:

Name of Practice (if applicable):

Address:

Phone:

Name of Physician:
Name of Practice (if applicable):
Address:
Phone:

International Health Insurance Information

Company:

Name as it appears on policy:

Policy #:

Coverage Start Date (dd/mm/yy):

Coverage End Date (dd/mm/yy):

Are you allergic to wasp and/or bee stings?

If yes, **you must bring an epipen or other medication.**

Are you allergic to any medication? (Please see note on the diet form regarding penicillin allergies.)

If yes, please list:

Do you have any serious food allergies (peanut, shellfish, etc.)

If so, what is your emergency medication (**you**

must bring it with you):

Will you be taking medications while in Costa Rica?

If yes, please list them and describe the reason for their being prescribed:

Please list any other physical or psychological conditions that we should know about:

yes no

yes no

yes no

yes no

Are you allergic to wasp and/or bee stings?	yes <input type="checkbox"/> no <input type="checkbox"/>
Are you allergic to any medication? (Please see note on the diet form regarding penicillin allergies.)	yes <input type="checkbox"/> no <input type="checkbox"/>
If yes, please list:	
Do you have any serious food allergies (peanut, <u>shellfish</u> , etc.)	yes <input type="checkbox"/> no <input type="checkbox"/>
If so, what is your emergency medication (you	
must bring it with you):	
Will you be taking medications while in Costa Rica?	yes <input type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/>
If yes, please list them and describe the reason for their being prescribed:	
Please list any other physical or psychological conditions that we should know about:	

FORM III - Dietary Information

Regarding dietary restrictions or food preferences, remember that food (and how it is prepared) is a fundamental aspect of any culture. For your own experience and for the sake of your homestay family (if applicable), we ask that you be open to trying different foods and set aside any food *preferences* (vs. dietary restrictions) during your program.

Do you have any food allergies?

yes

no

If yes,
please list:

Allergy	Severity (Very, Moderate, Mild)	Medication	

Bring your medication with you as it may not be available in Costa Rica.

NOTE: If you are allergic to penicillin, we advise against red meat and pork in Costa Rica as we cannot guarantee that it is penicillin free.

Which of the following do you NOT eat?

- Chicken
- Beef
- Pork
- Fish
- Eggs
- Dairy Products
- Gluten
- Other

Do you have any other dietary restrictions? If so, please list:

What do you eat in your typical day?. **Only if you have homestay.**