

International Education

CONFIDENTIAL

MEDICAL INFORMATION AND CULTURAL INSURANCE SERVICES INTERNATIONAL (CISI) ENROLLMENT FORM

Enrollment in CISI Insurance is **mandatory** for all Marquette University students who will be studying abroad on academic programs or traveling overseas in conjunction with Marquette University academic coursework. To extend your CISI coverage plan, you must submit this **complete form to OIE in AMU 425**. Please note that CISI charges for your program are included in your program fee. If you choose to extend your coverage pre or post program, your Bursar account will be billed \$32 for each month of additional coverage.

Please Print

Program Name _____ Duration/Term _____

Name _____ MUID _____

Date of Birth M _____ D/ _____ Y/ _____

Check one or both for optional coverage:

- Up to **only one** month before program start date (for personal additional travel, pre-program activities, etc.)
 Up to **only one** month after program start date (for personal additional travel, post-program activities, etc.)

All information provided on this form will be kept confidential, only to be reviewed by Marquette employees or agents with a legitimate educational or safety need to know. Disclosure of the information requested below is completely voluntary and will not be used to affect your eligibility to participate in a study abroad program.

Please answer the following health questions completely and to the best of your knowledge. If you answer yes to any of the questions, please supply details. You may attach a sheet if necessary.

1. Are you currently receiving, or have you received in the past two years, counseling for the treatment of any emotional problem, drug addiction, alcoholism, psychiatric condition or eating disorder?

Yes _____ No _____

If yes _____

2. Do you have any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant condition which is currently in remission (Ex. Diabetes, heart problem, cancer, etc)?

Yes _____ No _____

If yes _____

3. Do you have any allergies (to medication, food, insects, etc.)

Yes _____ No _____

If yes _____

For Office Use Only

CISI Start: M _____ D/ _____ Y/ _____ CISI End: M _____ D/ _____ Y/ _____

Total # of months: _____ Dollar amount posted to Bursar's: \$32 x # of months _____

= \$ _____

4. Are you currently taking any prescription medication? Yes _____ No _____

If yes _____

***Note:** If yes, it is likely you will need to bring an adequate supply of medications for the duration of the program.

5. Will you need a continuation of medical treatment while you are participating in study abroad?

Yes _____ No _____

If yes _____

6. Will you require assistance for any physical disabilities while you are participating in this study abroad program?

Yes _____ No _____

If yes _____

7. Is there any additional information (concerning medical or mental health conditions or physical disabilities that would be helpful for the program to be aware of during your study abroad experience?

Yes _____ No _____

If yes _____

DISCLAIMER: Marquette University is not responsible for monitoring medications, medical conditions, or allergies.

Signature _____

Date _____