

**Student Health Care Letter**  
**St. Louis University School of Law's**  
**2009 Summer Law Program in Madrid**

Dear Student:

While the Saint Louis University - Madrid Campus does not require students to submit a medical history, we strongly recommend that you complete one prior to arrival to **keep with your personal records** should a medical need arise. Please find enclosed a form that you may choose to use.

If you would like to be in contact with the Madrid Campus medical liaison to inform him of any pre-existing and/or chronic conditions you may be concerned about during your time in Madrid, please feel freed to contact Dr. Ruben Borrás directly at *borrasr@madrid.slu.edu*. Dr. Borrás is a fluent speaker of English and will be happy to address any personal health questions you may have.

Students with physical disabilities who will require special accommodations are asked to contact Dr. Borrás before their arrival. In the interest of confidentiality, he will only inform University officials of necessary accommodations without disclosure of details about medical conditions.

**Immunization Record**

While the Madrid Campus does not require students to submit an immunization record, we strongly recommend that if you plan to do any travel outside of Spain, you complete one prior to arrival to **keep with your personal records** as it may be needed to meet visa requirements. Please find enclosed a form that you may choose to use.

**Prescription Medication**

If you regularly take a prescription drug, please bring enough medication for the full program with a letter from your doctor to present to Spanish Customs, if solicited, or to a doctor in Madrid in case the medication must be refilled. **Do not send medication by mail as packages may be lost or confiscated by Spanish Customs.** Please note that not every medication prescribed elsewhere may be legally available in Spain. For example, the prescription medication *Adderall* is neither legally prescribed nor possessed in Spain. For further information regarding psychotropic medications, please see comments below under Counseling Services.

**Counseling Services**

The counseling services offered on the Madrid Campus are aimed at helping students to enhance their academic and personal well-being. Students are provided with the opportunity to explore concerns within the context of a confidential relationship and are supported with resources to make positive changes.

Students may seek counseling for difficulties related to adjustment to life in Spain; insomnia; relationship issues; stress management and/or time management problems; problematic sleeping and/or eating patterns; alcohol and drug problems; anxiety; depression; suicidal thinking; death or bereavement; physical, sexual or emotional abuse, sexuality issues, or

other concerns that may affect them. Please contact one of the counselors if you would like to take advantage of this helpful service.

If you are currently receiving psychiatric services and/or taking psychotropic medications, please contact one of the counselors prior to your arrival to inquire about the availability of your medications in Madrid and to coordinate the continuation of your treatment. Again, when possible, please bring enough medication for the full program with a letter from your doctor to present to Spanish Customs, if solicited, or to a doctor in Madrid in case the medication must be refilled. The Madrid Campus Counseling Center can also provide referrals to a bilingual psychiatrist in Madrid who can provide medical services if needed.

Please contact counselor Vickie Andrews, MS. [vandrewl@slu.edu](mailto:vandrewl@slu.edu) or counselor Laurie Mazzuca, Ph.D. [lmazzuc1@slu.edu](mailto:lmazzuc1@slu.edu) (Tel: (34) 91-554-5858, ext. 230) in the Madrid Campus Counseling Center to answer any questions you might have.

Thank you.

Enclosures: 2

# Medical History

## Historial médico

*This form is for your use only and is to be kept with your personal records should a medical need arise.  
Please do not return this form to the Madrid Campus.*

Student Name

Nombre del estudiante

Date of Birth

Fecha de nacimiento

Please indicate if you have a history of any of the following:  
Indique si padece de alguna de las siguientes enfermedades:

<b>Diabetes</b> Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Asthma</b> Asma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Blood disease</b> Enfermedad circulatoria	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other endocrine disease</b> Otra enfermedad endocrina	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Neurological disorder</b> Desorden neurológico	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Kidney disease</b> Enfermedad de riñón	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heart disease</b> Enfermedad cardíaca	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Psychiatric disorder</b> Problema Psiquiátrico	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Liver disease</b> Enfermedad hepática	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you mark yes, please provide an explanation.  
En caso afirmativo, añada una explicación, por favor.

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Are you allergic to any medications? If yes, please list.

Yes  No

¿Tiene alergia a algún medicamento? En caso afirmativo, por favor, indíquelo.

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List any medications you take on a regular basis.

Anote los medicamentos que toma de forma habitual.

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**In case of an emergency, you may contact Saint Louis University - Madrid Campus.**

En caso de emergencia, se puede poner en contacto con Saint Louis University - Madrid Campus.

**Tel: (34) 638 763 758**

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# Medical History

## Historial médico

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*This form is for your use only and is to be kept with your personal records should a medical need arise.  
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Do you have any other kinds of allergic conditions such as hay fever, asthma, etc?

Yes  No

If yes, please list.

¿Tiene algún otro tipo de alergia? En caso afirmativo por favor indique cual.

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Please list any significant current health problems.

Indique si tiene algún problema de salud en la actualidad.

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List any significant past health problems.

Indique si ha padecido algún problema de salud en el pasado.

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Have you ever been hospitalized. If yes, indicate why and when.

Yes  No

¿Ha sido hospitalizado alguna vez? En caso afirmativo indique el motivo y la fecha.

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Have you ever had an operation? If yes, please specify.

Yes  No

¿Ha sufrido alguna operación quirúrgica? En caso afirmativo especifique.

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Do you have any dietary restrictions for medical reasons? If yes, please specify.

Yes  No

¿Tiene alguna restricción alimentaria por razones médicas? En caso afirmativo especifique.

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# Immunization Form

## Formulario de vacunación

*This form is for your use only and is to be kept with your personal records should a medical need arise.  
Please do not return this form to the Madrid Campus.*

**Student Name**  
Nombre del estudiante

**Date of Birth**  
Fecha de nacimiento

To be completed by a health care provider:

<u>Vaccine or test</u> Vacuna	<u>Vaccine type</u> Tipo	<u>Date(s)</u> Fecha(s)	<u>Doctor or Clinic</u> Doctor o Clínica
Polio (PPV or eIPV) / Polio		Primary series ..... ..... ..... Booster ..... .....	..... .....
Diphtheria, Pertusis / Difteria		Primary series ..... ..... .....	..... .....
Tetanus / Tétanos		..... .....	..... .....
(DPT, DT or Td) / Difteria, polio, tétanos		Booster(s) ..... .....	..... .....
Combination MMR / Triple virica (paperas, sarampión, rubeola)		1 <sup>st</sup> Dose ..... 2 <sup>nd</sup> Dose ..... .....	..... ..... .....
Measles / Sarampión		1 <sup>st</sup> Dose ..... 2 <sup>nd</sup> Dose ..... .....	..... ..... .....
Mumps / Paperas		..... .....	..... .....
Rubella / Rubeola		..... .....	..... .....
Meningitis / Meningitis		Waiver ..... .....	..... .....
Other Vaccines / Otras vacunas		..... .....	..... .....
Tuberculin Test / Test de tuberculina (Mantoux) Result / Resultado		..... .....	..... .....

N.B. Positive skin test requires a separate physician statement documenting absence of active/infectious tuberculosis.

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