



## Health Information Form

The purpose of this form is to help the Study Abroad Program assist you in preparing for your time abroad. Please answer all questions openly and honestly. While it can be difficult to share health information, timely disclosure allows the Study Abroad Program to support your overseas experience effectively. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in an international study context. The information provided will be protected as private student data under FERPA and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well being in a housing placement or academic setting. The Learning Abroad Center will do its best to assist you, but may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

| <b>MEDICAL HISTORY</b> |  |      |
|------------------------|--|------|
| Name                   | Email  |      |
| Program                | Phone  |      |
|                        | Year(s)  | Term |
| Yes    No              | 1. Are you currently being treated, or have you been treated, within the past five years for a physical health condition, injury, or diseases? <b>(If yes, please explain and include any ongoing treatment and indicate where the condition is congenital).</b>   |      |
| Yes    No              | 2. Are you currently being treated, or have you been treated in the last five years, for a mental health condition (e.g., addiction, depression, anxiety, eating disorder, or a condition related to loss or grief)? <b>(If yes, please explain how you plan to manage your treatment while overseas.)</b> |      |
| Yes    No              | 3. Do you have any allergies? <b>(If yes, please explain and include any ongoing treatment required while overseas.)</b>   |      |
| Yes    No              | 4. Are you taking any medications (prescription, over-the-counter)? <b>(If yes, please explain what the medication is used</b>   |      |

|     |    |  |
|-----|----|--|
|     |    | for and how you plan to continue use while overseas.)  |
| Yes | No | 5. Are you a vegetarian, or are you on a restricted diet? ( <b>If yes</b> , please explain.)   |
| Yes | No | 6. Do you have any mobility or physical activity restrictions (due to a disability, obesity, or cardiac condition that may require accommodations to fully participate in a learning abroad program, etc.)? ( <b>If yes</b> , please explain and attach relevant Disability Services documentation for learning abroad.)           |
| Yes | No | 7. Do you believe you have a health condition or disability (e.g., learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations to fully participate in a learning abroad program? ( <b>If yes</b> , please explain and attach relevant documentation.) |
| Yes | No | 8. Do you have a hearing or visual loss that may require reasonable accommodations to fully participate in a learning abroad program? ( <b>If yes</b> , please explain and attach relevant documentation.)   |
| Yes | No | 9. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience? ( <b>If yes</b> , please explain.)  |

By signing below I certify that all responses made on this Health Information Form are true and accurate, and I will notify the Study Abroad Program hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the Study Abroad Program will do its best to accommodate my needs, though not all accommodations are possible. I understand that it is my responsibility to visit a travel clinic, and plan for my medical needs overseas in consultation with my doctor(s), U.S. insurance company, and others. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation and any refund appeals

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_