



Health Information Form

Name _____

Program _____ **Term** _____

Because an exchange experience can be both physically and emotionally demanding, we ask that you provide a candid evaluation of your health. A certain amount of stress due to culture shock or a change in living conditions is a normal part of being abroad. In some cases, such stress may aggravate disabilities or illnesses which you manage with little difficulty at home.

As you complete this form, we hope to help you consider health issues that you should take into consideration before going abroad. This information will be used primarily to guide us in making appropriate arrangements for you as a study abroad participant. The information provided is confidential and will be shared only with program staff, faculty, or appropriate professionals, and only if pertinent to your well-being. The Office of Study Abroad may not be able to accommodate all individual needs or circumstances, although we will make every effort to do so.

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- 1) Do you have any physical conditions which might limit your ability to deal with a change of climate, a change of diet, or the rigors of travel? YES _____ NO _____

 - 2) Do you currently receive any treatments or take medications on a regular basis? YES _____ NO _____

 - 3) Do you have any dietary restrictions? YES _____ NO _____

 - 4) Do you have any allergies to medications, plants, foods, animals, insect stings, etc.? YES _____ NO _____

- 5) Have you ever had a major illness? YES _____ NO _____
- 6) Have you ever been hospitalized? YES _____ NO _____
- 7) Have you ever received treatment for substance abuse or other addictions? YES _____ NO _____
- 8) Have you ever been treated by a psychiatrist, psychoanalyst, or psychologist for any mental, emotional, or nervous disorder? YES _____ NO _____

If you have answered “yes” to any of the above questions, please explain below:

Are there any concerns regarding your health, family history, or other matters that you would like to discuss with a member of the Office of Study Abroad staff before your program begins? YES _____ NO _____

I certify that all responses made on this Health Information Form are true and accurate, and I will notify the Office of Study Abroad hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant: _____ **Date:** _____