



CONFIDENTIAL

Name: _____ Program: _____ Today's date: _____

An important component of your experience abroad is the state of your health. Because we want this experience to be positive, because also we want to be of help to you in case of sickness or injury, we ask that you complete this questionnaire as completely and as candidly as possible. Please keep in mind that your answers do not affect your status as a program participant. Also this information will be held in strict confidence, to be shared with program staff only on a need-to-know basis.

- 1. Do you have a chronic health (physical or mental) condition? _____ If so, please describe this condition and your health management plan for when you are abroad.

- 2. Do you take, regularly or sporadically, a medication or medications? _____ If so, please identify the medication(s) and your dosage schedule.

- 3. Do you have a condition related to your physical or mental health that could affect your participation in program events (or require special steps on our part to make your participation possible)? _____ If so, please describe this condition.

- 4. Do you have any allergies (food, medication, etc.)? _____ If so, please elaborate.

- 5. Apart from any food allergies declared above, do you have any dietary restrictions? _____ If so, what are they? Please keep in mind that not all dietary restrictions can be accommodated in all program sites.

- 6. Is there anything in your medical history—illness or injury—about which it would be potentially useful for us to know (to ensure your full participation in the program)? _____ If so, please elaborate.

- 7. We would like to have permission to contact your parents in the event of a medical emergency abroad. Please sign your name here if you grant this permission.

Thank you for completing this form. If you would like to elaborate on anything here or if you want to discuss a problem outside the framework of these questions, please feel free to attach a sheet. Also you are welcome to speak privately (and confidentially) with the Study Abroad Program Coordinators, Associate Dean, or Associate Director for Student Services about any potential medical problem or concern.

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