Study Abroad

HEALTH INFORMATION FORM FOR STUDY ABROAD PARTICIPANTS

Student: Last name ---------------------- First name--------------------- Middle initial

Date of program of studies--------------- Fall Spring Summer Winter session Academic year -----------------------

Country------------------------- Name of program and foreign institution--------------------------------

Student ID number--------------------------------

S&T e-mail address --------------------------------

Congratulation on your acceptance in a Missouri S&T approved study abroad exchange program. The purpose of this form is to help you prepare and support you in the best of our ability while abroad.

While this form is a voluntary form, we ask you to consider filling it out carefully and honestly so we can potentially anticipate and respond best to your needs. Please, be aware that even mild physical or psychological disorders can become serious under the stress of adapting to a different environment and due to resources abroad being possibly limited.

**Privacy of Medical information:**

The information provided will be kept confidential and will be revealed only as necessary to the Director of Health services, the study abroad staff, and the study abroad institution or program director.

**Future medical problems:**

Should the student develop a significant health problem between the time you complete this form and the time the program begins, please promptly notify the study abroad advisor. Similarly, please promptly notify the program director or the study abroad advisor if this happens while abroad.

**Students with Disabilities:**

The study abroad office is committed to comply with the Americans with disabilities Act of 1990. To receive accommodations and / or disability services while abroad, you should disclose in your application any disability so we can see if we can accommodate or not depending on the disability and the program location you will study at.

**Documents to submit:**

Emergency contact information, Clinical History, travel immunization (if needed),

Physical or learning disabilities and authorization statement.

Submit documents in person at 104 Norwood Hall Study Abroad.

**1.** Are you currently treated or have you been treated within the past 5 years for a physical health condition, injury or disease? Yes No

If yes, please explain

**2.** Are you currently treated for any psychological, psychiatric, or personal issues (including eating disorders, substance abuse, family concerns) during the past 5 years for which you have sought professional attention? Yes No

If yes, please explain what treatments you plan on managing your treatment overseas?

**3.** Are you currently taking any medications? Yes No

 If yes, please explain how you plan to continue to use medications while abroad if needed

**4.** Do you have any allergies? Yes No

**5.** Are you following a specific diet? Yes No

If yes, please explain your dietary plan while you are abroad

**6.** Do you have any mobility or physical activity restrictions (due to disability, obesity, or cardiac condition which may require special accommodations to fully participate in the study abroad program? Yes No

If yes, please provide the relevant documentation for the Study Abroad Office.

**7.** Do you believe that you have a health condition or disability (e.g., learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, asthma, or other) that may require reasonable accommodation to fully participate in the study abroad program? Yes No

If yes, please explain and attach relevant documentation.

**8.** Do you have hearing or visual loss that may requires reasonable accommodation to fully participate in the study abroad program? Yes No

If yes, please explain and attach relevant documentation.

**9.** Is there any additional information that you think would be helpful n for the program to be aware of during your study abroad term? Yes No

If yes, please explain.

**10.** Please read the following statement and sign where applicable.

I certify that all responses made on this voluntary Disclosure of Health Information and Special Needs Questionnaire are true and accurate to the best of my knowledge, and I will notify the Study Abroad Office hereafter of any relevant changes in my health that occurs prior the start of the program.

I understand that the study abroad Office will do its best to reasonably accommodate my needs, though not all accommodations are possible. 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.

**Signature and Date**

**11.** I choose not to provide the above information

**Signature and Date**