



## HEALTH INFORMATION

The purpose of this form is to enable the International Center to obtain information regarding facilities which are available overseas for students who have specific health concerns. The information provided on this form will be forwarded to the appropriate overseas contact person in an effort to make any arrangements that might be necessary, and will be released to an attending health professional in the event of an illness or medical emergency. *The disclosure of medical information will not affect your admission status.*

1. List any serious illnesses, operations or injuries that you feel could affect your health while abroad:

Dates:

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2. List any allergies that you have, including hay fever, asthma, or food allergies:

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3. Do you have a disability or any other condition that might require special accommodations? If yes, please explain the types of services that you would like us to try to locate overseas:

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4. Are you currently seeing a counselor or other medical professional for emotional or psychological problems that will require on-going treatment while you are overseas? If yes, please indicate the type of health care, which you would like us to try to locate at your program site:

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5. Is there a chance that your participation in full-time academic activities will be limited in any way due to a health reason? If so, please explain.

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6. Please list below any prescription medications that you are currently taking, including the dosage and the condition that the medication was prescribed to treat. This information will be made available to health care professionals overseas in the event of a medical emergency. Please note that in some countries it is not possible to fill prescriptions written in the U.S. or to receive medications through the mail. *Please check with your overseas studies advisor on the specific regulations that may exist in your host country.*

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7. Is there any other medical information that you would like to provide?

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***I understand that this information will be released to the appropriate overseas contact person who is granted permission to use it when, in his or her best judgment, health conditions so warrant.***

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Term(s):** \_\_\_\_\_

**Program Sponsor:** \_\_\_\_\_  
(e.g. International Center, Business, CAFNR, HES, Journalism)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_