



Learning Abroad Center

Health Information

The purpose of this form is to help the Learning Abroad Center to 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 Learning Abroad Center 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 remain **confidential** 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.

To be completed by the participant.

Name		Email	
Program		Year(s)	Term

Medical History

Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Are you currently being treated, or have you been treated, within the past five years for a physical health condition, injury, or disease? (If yes, please explain and include any ongoing treatment.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Are you currently being treated, or have you been treated in the last five years, for a mental health condition (<i>e.g.</i> , addiction, depression, anxiety, eating disorder, or a condition related to loss or grief)? (If yes, please explain how you plan to manage your treatment while overseas.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Do you have any allergies? (If yes, please explain and include any ongoing treatment required while overseas.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Are you taking any medications (prescription, over-the-counter)? (If yes, please explain and include your plan for continued use while overseas.)

additional questions found on next page

Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Are you a vegetarian, or are you on a restricted diet? (If yes, please explain.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	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.)? (If yes, please explain and attach relevant Disability Services documentation for learning abroad.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	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? (If yes, please explain and attach relevant documentation.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Do you have a hearing or visual loss that may require reasonable accommodations* to fully participate in a learning abroad program? (If yes, please explain and attach relevant documentation.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain.)

*If yes, please contact Disability Services on your campus—UMTC students call 612.626.1333—to determine eligibility of reasonable accommodation and to complete and attach the *Student Accommodation Request Form* or the equivalent for your campus.

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Learning Abroad Center hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the Learning Abroad Center will do its best to 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.

Applicant Signature _____ Date _____

Learning Abroad Center

230 Heller Hall, 271 19th Avenue South, Minneapolis, MN 55455
 612.626.9000 • 888.700.UOFM • 612.626.8009 (fax) • UMabroad@umn.edu • www.UMabroad.umn.edu