

The purpose of this form is to help the Learning Abroad Center to assist you in preparing for your time abroad. 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 be protected as private student data under FERPA 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	Phone
Program	Year(s)	Term
Are you comfortable discussing your health information by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is it acceptable to leave a detailed message concerning your health information at the above phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List all current prescription medications and any over-the-counter medications you take regularly, as well as your plan for continuing it/them abroad:

Medication	Condition	Plan

Do you have any dietary restrictions (halal, kosher, vegetarian, vegan, food allergies, etc.)? Explain.

MEDICAL HISTORY

Do you have a present or past history of any of the following diagnosed or suspected conditions?

(Check Yes or No, and specify or comment on the line provided.)

If yes, explain:

Yes No

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | ADD/ ADHD (attention deficit disorders) |
| <input type="checkbox"/> | <input type="checkbox"/> | Addiction |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies (drug) |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies (food) |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies (seasonal/animals) |
| <input type="checkbox"/> | <input type="checkbox"/> | Anemia |
| <input type="checkbox"/> | <input type="checkbox"/> | Anxiety |
| <input type="checkbox"/> | <input type="checkbox"/> | Arthritis |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> | Back problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Bipolar |
| <input type="checkbox"/> | <input type="checkbox"/> | Brain injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Breathing difficulties |
| <input type="checkbox"/> | <input type="checkbox"/> | Broken bone(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Eating disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy/seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | Gastric or intestinal condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing impairment |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart condition |
| <input type="checkbox"/> | <input type="checkbox"/> | HIV/AIDS |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning disability |
| <input type="checkbox"/> | <input type="checkbox"/> | Migraines |
| <input type="checkbox"/> | <input type="checkbox"/> | Mobility impairment (specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | Multiple sclerosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Obesity |
| <input type="checkbox"/> | <input type="checkbox"/> | Post-traumatic stress disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent surgeries (specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatoid arthritis |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | Thyroid disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Vision impairment |
| <input type="checkbox"/> | <input type="checkbox"/> | Others (specify) |

If you have any conditions, what is your plan for managing it/them abroad?

Do you require accommodations for any conditions or concerns? Yes No

If yes, contact the Disability Resource Center—UMTC students call 612.626.1333—or your home institution's disability office to determine eligibility of reasonable accommodation and to complete a Student Accommodation Request Form. Email a copy of the completed Student Accommodation Request Form to your Learning Abroad Center program contact.

Are you currently being treated by a doctor/counselor/therapist? Describe any ongoing treatment.

Do you have any family history of mental health concerns? If so, explain.

If you have other concerns you want us to be aware of, explain below.

Note: if you checked yes to any of the above conditions, refer to global.umn.edu/travel/health for information about traveling with medication and managing pre-existing conditions abroad.

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 understand that it is my responsibility to visit a travel clinic and plan for my medical needs overseas in consultation with my doctor(s), US insurance company, CISI, and others. 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 and any refund appeals.

Applicant Signature _____ Date _____

LEARNING ABROAD CENTER

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