



UMAIE HEALTH QUESTIONNAIRE

Name:

College:

Course T# and Title:

The purpose of this form is to determine your health history and any special medical needs you may have during your study away experience. Any information considered important and essential to your health care abroad will be forwarded to your program director for the purpose of serving you as promptly and correctly as possible, should you require medical or counseling services during your term abroad. This information does not affect your admission into the program. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your own health on your program away.

1. Are you currently being treated, or have you been treated, within the past 5 years for a physical health condition, injury or disease (e.g. diabetes, epilepsy, or other severe disorders, asthma, heart condition)? If yes, please explain and include any ongoing treatment.

_____ Yes _____ No

If yes, please explain below and include any ongoing treatment.

2. Are you currently being treated, or have you been treated in the last 5 years, for a mental health condition (e.g. addiction, depression, anxiety, eating disorder, sleep issues, or a condition related to loss or grief)?

_____ Yes _____ No

If yes, please explain how you plan to manage your treatment while on your program.

3. Do you have any allergies? _____ Yes _____ No

If yes, what happens when you come in contact with the allergen? Do you carry an epi-pen? Please explain below and include any ongoing treatment required while on your program.

4. Are you taking any medications, prescription or over-the-counter?

_____ Yes _____ No

Please list below any medications you are taking on a daily, regular or as-needed basis. Indicate how often and why each medication is taken. Describe your plan for continued use while on your program.

5. Are you a vegetarian or are you on a restricted diet?

_____ Yes _____ No

If yes, please explain below. **Every effort will be made to inform the airlines and restaurants where group meals will be provided about special dietary needs and meal requests. Accommodation for special dietary needs and meal requests may not be available in all locations and venues. It is recommended to bring some healthy snacks if you are concerned about meeting your dietary needs.**

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 global studies program?

_____ Yes _____ No

If yes, please contact your study abroad advisor to determine eligibility for reasonable accommodation.

7. Do you believe you have a health condition or disability (e.g. learning disability, attention deficit disorder, epilepsy, diabetes, brain injury, or other) that may require reasonable accommodations to fully participate in a global studies program?

_____ Yes _____ No

If yes, please contact your study abroad advisor to determine eligibility for reasonable accommodation.

8. Is there any additional health information that would be helpful for the program to be aware of during your study away experience? For example, do you need any health care or counseling abroad?

_____ Yes _____ No

If yes, please explain below.

9. Emergency Contact #1: Please provide the name of the person you would like to have contacted in case of medical emergency.

10. Relationship of emergency contact #1 to you:

11. Home phone of emergency contact #1:

12. Work phone of emergency contact #1:

13. Cell phone of emergency contact #1:

14. Email address of emergency contact #1:

I certify that all responses made on this Medical Report Form are true and accurate, and I will notify my study abroad advisor hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this form is for information purposes only and in no way implies that my campus or program provider takes responsibility for my health.

_____ Yes _____ No

I am at least 18 years of age _____ Yes

_____ No

If no, I understand that I must receive written authorization from a parent or legal guardian to participant in this program.