Health Report
Study Abroad

Name ____ ID # ________________________

Program Sponsor:________________________________ Program Site: __________________

A program of study abroad may pose emotional and physical challenges for those living in a different environment for an extended period of time. At the discretion of the OCS office, a copy of this report may be sent to the host institution and/or program sponsor.

Section I To be completed by the student.

1. Birth Date ______/_____/______ Sex _______ Height _______ Weight ______ Blood Type (if known) ______

2. In your estimation, how would you describe your general health? ❑ Excellent ❑ Good ❑ Fair ❑ Poor

3. Do you have any food allergies or dietary restrictions? ❑ **Yes** ❑ **No** If yes, please explain.

____

4. Do you have any known allergies to medications or vaccines? ❑ **Yes** ❑ **No** If yes, please explain.

____

5. Are you allergic to any other elements, e.g., bee stings, pollen, etc.? ❑ **Yes** ❑ **No** If yes, please explain.

____

6. Please check any of the following conditions you may have had or currently experience.

____ Anemia
____ Anxiety or Panic Attacks
____ Arthritis
____ Asthma
____ Attention Deficit Disorder
____ Bipolar Disorder
____ Blood Clotting Disorder
____ Cancer
____ Depression
____ Diabetes
____ Ears, frequent infection
____ Eating Disorder
____ Epilepsy/Seizures
____ Fainting/Blackouts
____ Hay Fever
____ Hearing Difficulty
____ Heart murmur/Arrhythmia
____ Hepatitis
____ High Blood Pressure
____ Immune System Problem
____ Kidney Disease
____ Menstrual Difficulty
____ Migraine Headache
____ Mononucleosis
____ Pneumonia
____ Positive Tuberculin Skin Test
____ Mental Health Counseling
____ Sinus Disease
____ Other ___________________

_____I have none of the conditions listed

Explain any recent or serious health episodes.

____

____

7. Recent intradermal tuberculin test date _______________ Results ____________________________________

8. Date of last chest x-ray (if applicable) ________________________ Results ____________________________

9. In many countries abroad, there is no comprehensive legislation that protects individuals covered by the Americans with Disabilities Act (ADA). Not surprisingly, these cultures do not recognize the special needs which might affect those persons with physical, psychological, or learning disabilities. If you have a special need or disability that might impact your experience abroad, you are well advised to discuss it with study abroad staff before departure.

Do you have any special needs that you would like to discuss with a study abroad advisor? ❑ Yes ❑ No

Due to medical/privacy laws, the Dean of Students Office cannot inform the OCS office nor your study abroad provider concerning any special accommodations for a learning difference. Do you have any accommodations you would like to discuss with the Off-Campus Study Office? ❑ Yes ❑ No

I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information may result in OCS revoking approval for study abroad. I agree to notify the OCS office of any material changes in my health that occur prior to the start of the program.

Student Signature____ Date: __________________________

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Program Sponsor:______________________________ Program Site: ________________

Section 2 To be completed by a medical provider.

1. Is the information provided by the student in Section I of this report complete and correct to the best of your knowledge?
❑ **Yes** ❑ **No** If no, please explain.

____

____

2. Is the student currently on medication or receiving medical treatment? ❑ **Yes** ❑ **No** If yes, please explain.

____

____

3. Will the student continue medication while abroad? ❑ **Yes** ❑ **No**

____

____

4. Does the student have any recent medical or surgical condition that could require attention while abroad? ❑ **Yes** ❑ **No**
Please note any other information, including details of current treatment, if any, which could be helpful to the physician who would be treating this student while abroad (use additional paper if necessary).

____

____

5. Does this student have any ongoing physical or emotional condition, disability, or impairment that may cause hardship during an extended stay abroad? ❑ **Yes** ❑ **No** If yes, please elaborate.

____

____

6. Height ________ Weight _________ BMI_________

Does the student have an eating disorder? (please explain) ______________________________

____

7. Date of last examination (*must be within six months of proposed study period*) ____________________

Signature ____Date________________

❑ Physician's name (print) ____

❑ Physician's Assistant/ Nurse Practitioner's name (print) ___________________________

____
Street Address

____
City State Zip Code

(_______)________________________ ______________
Phone Ext.