

## Health Information

Name (Print) \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Study Abroad Program \_\_\_\_\_

Because an overseas study abroad program can be both physically and emotionally demanding, we ask that you provide a candid evaluation of your health. We appreciate your cooperation in answering these questions. Please inform the Office of Academic Programs Abroad of any relevant changes in your state of health prior to your departure. Male \_\_\_\_\_ Female \_\_\_\_\_

Do you have any dietary restrictions or preferences? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Do you have any allergies to food, medication, plants, animals, insect stings etc.?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Do you have any physical conditions which may cause discomfort through diet changes, luggage strain, or strenuous travel; or which may affect participation in an overseas study program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Have you had any medical problems that might interfere with your ability to participate in this study abroad program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Are you currently undergoing treatment or taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what treatments or medication? \_\_\_\_\_

### **Emergency Contact**

Name (Print) \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_