LEARNING ABROAD CENTER

UNIVERSITY OF MINNESOTA

HEALTH INFORMATION

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? ☐ Yes ☐ No Is it acceptable to leave a detailed message concerning your health information at the above phone number? ☐ Yes ☐ 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		
☐	☐	ADD/ ADHD (attention deficit disorders)	
☐	☐	Addiction	
☐	☐	Allergies (drug)	
☐	☐	Allergies (food)	
☐	☐	Allergies (seasonal/animals)	
☐	☐	Anemia	
☐	☐	Anxiety	
☐	☐	Arthritis	
☐	☐	Asthma	
☐	☐	Back problems	
☐	☐	Bipolar	
☐	☐	Brain injury	
☐	☐	Breathing difficulties	
☐	☐	Broken bone(s)	
☐	☐	Cancer	
☐	☐	Cardiac condition	
☐	☐	Depression	
☐	☐	Diabetes	
☐	☐	Eating disorder	
☐	☐	Epilepsy/seizures	
☐	☐	Gastric or intestinal condition	
☐	☐	Hearing impairment	
☐	☐	Heart condition	
☐	☐	HIV/AIDS	
☐	☐	Learning disability	
☐	☐	Migraines	
☐	☐	Mobility impairment (specify)	
☐	☐	Multiple sclerosis	
☐	☐	Obesity	
☐	☐	Post-traumatic stress disorders	
☐	☐	Recent surgeries (specify)	
☐	☐	Rheumatoid arthritis	
☐	☐	Skin conditions	
☐	☐	Thyroid disease	
☐	☐	Vision impairment	
☐	☐	Others (specify)	

Over for more

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 and attach the Student Accommodation Request Form.

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 http://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

230 Heller Hall, 271 19th Avenue South, Minneapolis, MN 55455

612.626.9000 888.700.UOFM | 612.626.8009 (fax) | UMabroad@umn.edu | **UMabroad.umn.edu**