EDUCATION ABROAD

SEATTLE UNIVERSITY

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STUDY ABROAD/INTERNATIONAL TRAVEL HEALTH INFORMATION FORM

Name _____ ID No. _____

The purpose of this form is to help the Education Abroad Office (EAO) and your program director to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad due to local conditions (pollution, new pollens, climate, etc.), cultural adjustment, differences in medical practices, changes in diet and exercise, etc. The information provided will remain confidential and will be shared with program staff, faculty or appropriate professionals only if pertinent to your own well-being. EAO may not be able to accommodate all individual needs or circumstances. ***This information does not affect your admission to the program.***

Medical History:

☐ Yes ☐ No 1. Are you generally in good physical condition? *(If no, please explain)*

☐ Yes ☐ No 2. Do you have any physical disabilities which might cause hardship through change of diet, change of climate, carrying your own luggage, or strenuous travel? *(If yes, please explain)*

☐ Yes ☐ No 3. Have you ever been evaluated by a psychiatrist or mental health counselor? *(If yes, when and for what reason)*

☐ Yes ☐ No 4. Do you have any allergies to food, medicines, other? *(If yes, please explain)*

☐ Yes ☐ No 5. Are you taking any medications? *(If yes, please explain)*

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☐ Yes ☐ No 6. Have you had any major injuries, diseases or ailments in the past five years? *(If yes, please explain)*

7. When was the date of your last:

Complete physical exam?* _____
Dental exam? _____
Eye exam? _____
Tetanus shot?** _____

**If longer than 2 years, you are required to complete one before you leave on your program.*
***If longer than 10 years, you are required to have one before you leave on your program.*

☐ Yes ☐ No 8. Is there any additional information, specifically regarding your physical and/or mental health, that would be helpful for the program to be aware of during your study abroad experience? *(If yes, please explain)*

☐ Yes ☐ No 9. I have aspects of my health that I would like to discuss with someone in the Health Center prior to my departure.

Informed Consent:

I understand that in the event I do have health conditions which are treated by a health care provider, I am solely responsible to inform him/her of my decision to participate in a study abroad program in order to adequately **discuss whether my experience abroad will have any impact or impose any serious health risks on those conditions**.

I understand that it is my responsibility to **obtain and carefully evaluate possible health and sanitation conditions** in my program location and discuss the impact of those conditions on my health with my health care provider. These may be obtained from the Center for Disease Control (CDC), the US Department of State and other sources.

I take **responsibility for the consequences** of not following CDC or program immunization, vaccination or prophylaxis requirements.

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Education Abroad Office hereafter of any relevant changes in my health that occur prior to the start of the program.

_____ _____
Student Signature Date