Because international travel can be both physically and emotionally demanding, we ask that you provide a candid evaluation of your health. A certain amount of stress due to culture shock or living conditions and facilities can be expected. In some cases, this may aggravate disabilities or illnesses which you have under control at home, or trigger onset of a previously undiagnosed condition.

Your disclosure of this information is entirely voluntary. This information will be used to guide us in making appropriate arrangements, as needed, for you. The information will be forwarded to the program director or coordinator abroad. Additionally, we hope completion of the form will create an awareness on your part of any health issues that you should take into consideration before going abroad. This information will NOT be used by Study Abroad to make any independent medical assessment of your condition or abilities. Such assessments are the sole responsibility of your health care providers.

**Instructions:** Please read each question below and answer either **YES** or **NO** by checking the appropriate box. If you answer YES for any question, please provide additional information as requested.

1. **Are you aware of any medical conditions – including but not limited to chronic illnesses, allergies or food intolerances – that may need to be treated or addressed during your participation in this program?**
   - YES  NO
   If so, please indicate the condition(s) and answer the questions below:

   a) **Have you discussed with your health care provider a treatment or management plan for the period of time that you will be abroad?**
   - YES  NO

   b) **What arrangements might support staff need to make on your behalf for treatment or management of this condition?**

2. **Have you had any major surgical operations, illnesses or injuries requiring hospitalization or emergency room treatment?**
   - YES  NO
   If YES, please provide the following information:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Outcome/Present Condition</th>
</tr>
</thead>
</table>

   c) **If you are studying in a non-English-speaking country, do you know how to describe your condition in the host country language?**
   - YES  NO
   If not, do you have a written description of your condition in your host country language to present, if needed, while abroad?
   - YES  NO
3. Have you ever been treated for any psychological/emotional problems?  
   □ YES □ NO
   
   If yes, list dates:
   
   If yes, please describe the nature of the problem:
   
   Did or does your treatment require medication?  
   □ YES □ NO
   
   If yes, please list medications:
   
   Current Status:

4. Do you have a documented disability as defined by the Americans with Disabilities Act?  
   □ YES □ NO
   
   If yes, please state the nature of the disability:
   
   In which areas does your disability currently impair your ability to perform daily academic activities?
   
   Will you be requesting any accommodations during your study abroad program for the above listed disability?  
   □ YES □ NO
   
   If yes, please ask your study abroad advisor for a Study Abroad Accommodation Request form

5. Will you be taking any prescription medications while you are abroad?  
   □ YES □ NO
   
   If yes, please list
   Name of medication:  Prescribed for:  Dosage:
   
   1.
   2.
   3.
   4.

   (Attach additional sheet if necessary.)
   
   Have you discussed with your physician how you will obtain a supply of these medications when you are overseas?  
   □ YES □ NO
   
   NOTE: Some medications that can be legally prescribed in the U.S. are considered controlled (illegal) substances abroad. Alternate medications may need to be considered by your physician

6. Are you up-to-date on all routine immunizations, including tetanus?  
   □ YES □ NO
   
   Please visit the Centers for Disease Control and Prevention web site for information about immunizations that may be required or recommended for people traveling to the country where you will study abroad.  http://wwwnc.cdc.gov/travel/default.aspx
   
   Are any immunizations required or recommended for travel to your program site abroad?  
   □ YES □ NO
   
   If so, please consider making an appointment at the Student Health Service for an international travel consultation, 319-335-8394
7. Medical History/Current Conditions

Please check all that apply and provide details below.

- [ ] Allergies of any kind
- [ ] Anaphylactic Shock
- [ ] Asthma
- [ ] Cancer or tumors
- [ ] Head injury
- [ ] Thyroid problems
- [ ] Colitis
- [ ] Diabetes
- [ ] Eating Disorder
- [ ] Psychological/emotional/psychiatric condition
- [ ] Epilepsy or seizures
- [ ] Frequent indigestion or ulcer
- [ ] Heart or circulatory complications
- [ ] Chronic respiratory problems
- [ ] Chronic digestive/GI problems
- [ ] Jaundice/hepatitis
- [ ] Tuberculosis
- [ ] Severe menstrual difficulties
- [ ] Dizziness/fainting spells
- [ ] Negative reaction to antibiotics
- [ ] Recent weight gain
- [ ] Recent weight loss
- [ ] Skin disease
- [ ] High blood pressure
- [ ] Trouble with eyes, ears, nose, or throat
- [ ] Liver or gall bladder problems
- [ ] Sexually transmitted infections
- [ ] Narcotic/alcohol dependency
- [ ] Other:

Please provide details for any item checked above:

8. Are there any other concerns regarding your health, family history or other matters that you would like to discuss with a Study Abroad Advisor before your program begins?  

☐ YES  ☐ NO

If YES, please elaborate:

If you have issues or conditions that you prefer not to disclose, please discuss them with your doctor or counselor and make sure you have addressed all management issues for the time you will spend abroad.

By signing below, I certify that the above information is true to the best of my knowledge. I also acknowledge the following:

I agree to release and hold harmless the University of Iowa and their employees and agents from any claims arising out of the provision of medical care while abroad.

I understand that this form will be released to the faculty director of my study abroad program and other program staff as needed.

__________________________________________  ____________
Signature of applicant  Date

__________________________________________  ____________________________
Name of applicant (printed)