

STEP 3: STUDY ABROAD/INTERNATIONAL TRAVEL HEALTH DISCLOSURE FORM**My Information**

Name:

SAIC ID:

SAIC E-mail:

Phone

Program/s Information

Trip Name:

Trip Term:



The purpose of this form is to help the Study Abroad Office (SA) and your faculty leaders to support you should the need arise during your study trip experience. Mild physical or psychological disorders can become serious under the stresses of traveling 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 private and will be shared with program staff, faculty or appropriate professionals only if pertinent to your own well-being. SA may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program. Based on your responses a staff member from Student Affairs may connect with you to discuss your trip plans.

Medical History

- Yes No Do you have a physical condition which might cause hardship through travel, change of diet, change of climate, carrying your own luggage, or crossing time zones? (If yes, please explain)

- Yes No Do you have any allergies to food, medicines, other? (If yes, please explain)

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

When was the date of your last:Complete physical exam* (mm/yy)Tetanus shot** (mm/yy)***If longer than 2 years, it is recommended you complete one before departure.******If longer than 10 years, it is recommended you have one before departure.**

- Yes No Have you been evaluated by a psychiatrist or mental health professional in the last two years? (If yes, indicate when and for what reason)

- Yes No Are you taking any medications? (If yes, indicate which ones)

- Yes No Is there any additional information, specifically regarding your physical and/or mental health, that would be helpful for Study Abroad to be aware of during your study trip? (If yes, please explain)

- Yes No I have aspects of my health or a need for an accommodation that I would like to discuss with someone in the Wellness Center (Health Services, Counseling Services, or Disability Resources and the Learning Center) prior to my departure. (If yes, please explain)

Health Disclosure Agreement

Please read and indicate your agreement to the following by checking the boxes below.

- * 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 trip in order to adequately discuss whether my participation will have any impact or impose any serious health risks on those conditions.
- * I understand that it is my responsibility to carefully evaluate possible health and sanitation conditions in my study trip location and discuss the impact of those conditions on my health with my health care provider. These may be obtained from the Centers for Disease Control, the US Department of State and other sources.
[Centers for Disease Control](#) [US Department of State](#)
- * I take responsibility for the consequences of not following CDC or program immunization, vaccination or prophylaxis recommendations.
- * I certify that all responses made on this Health Disclosure form are true and accurate, and I will notify the Study Abroad Office hereafter of any relevant changes in my health that occur prior to the start of the program.
- * **By typing in my name in the field below I agree that my typed signature has the same force and effect as my hand-written signature.**

Type in your primary name:

I, , agree to the terms of this Health Disclosure Agreement.