

University of Washington Exploration Seminar Health Disclosure Form

Study abroad – like all travel - can create emotional and physical stress and anxiety. Living in a different country may be difficult in terms of the limited availability of certain foods, limited access to medication and medical care, and other conditions that are not consistent with U.S. standards. This self-disclosure form has been designed to assist the University of Washington and its study abroad program directors in safeguarding you while overseas. It is, therefore, in your best interest to answer carefully each of the questions below and to provide a candid evaluation of your physical health, medical needs, stamina and emotional stability.

Because medical care in some countries differs from care in the U.S., we strongly recommend that you have a medical examination before leaving, and that you provide your program director with any medical information that could be necessary or valuable in the event of a medical situation while you are abroad.

The information on this form may be shared with on-site program staff to help prepare and provide for your health needs while you are studying abroad. If you have questions regarding your ability to participate in your program because of allergies, dietary restrictions, mobility impairments, or other medical conditions or needs, we urge you to contact your program director so they can help you adequately prepare for your program participation. *All inquiries will be held in confidence.*

Allergies

1. Do you have any dietary restrictions or known food allergies? ☐ **Yes** ☐ **No** *If yes, please explain:*
2. Are you allergic to any of the following medications (check any that apply)?
☐ **Penicillin** ☐ **Aspirin** ☐ **Sulfa** ☐ **Local Anesthesia** ☐ **Other** *(please specify)*
3. Do you have any other allergies (e.g., bee stings, pollen)? ☐ **Yes** ☐ **No** *If yes, please explain:*

Medications & Immunizations

Be aware that it is your responsibility to obtain any and all required, recommended or desired immunizations prior to travel. It is also your responsibility to obtain and bring with you any needed prescription medication, and to be aware of any laws governing the import or export of medications.

1. Will you need to take prescribed medication while you are overseas? ☐ **Yes** ☐ **No**
If yes, please explain:
2. Please refer to your medical records/history and indicate the years of your immunizations or occurrence of the disease. (A doctor's signature is not necessary.)
Tetanus-Diphtheria _____ Polio _____ TB Skin Test _____ (☐ *Positive* ☐ *Negative*)
MMR (Measles, Mumps, Rubella) _____ Others _____

Conditions

1. Do you have any medical problems that may, under stress or duress, require immediate medical attention during your participation in the program (e.g., epilepsy, heart trouble, asthma, ulcers, hemophilia, diabetes, pregnancy, past illness or any chronic condition)? ☐ **Yes** ☐ **No** *If yes, please explain:*

2. Do you have any physical conditions that may affect your participation in an overseas study program due to dietary needs, stamina, or need for accessible transportation and housing? ☐ **Yes** ☐ **No** *If yes, what accommodations might be needed?*
3. Do you have any conditions that may affect your emotional or mental well being during your participation in a study abroad program? ☐ **Yes** ☐ **No** *If yes, what kind of accommodations or support might be needed?*
4. Do you have a history of severe depression or anxiety, or a history of alcohol/substance abuse?
☐ **Yes** ☐ **No** *If yes, please explain:*
5. Do you have a documented disability which may require general or academic accommodations?
☐ **Yes** ☐ **No** *If yes, what accommodations do you anticipate needing while overseas?*
6. Have you *ever* been treated by a psychoanalyst, psychologist, psychiatrist or similar practitioner for any mental, emotional or nervous condition? ☐ **Yes** ☐ **No** *If yes, please explain:*

Insurance

Please provide information about your travel/medical insurance:

Carrier/Provider _____ **Policy #:** _____ **Contact #:** _____

Release of Information

I authorize the release of information in this report as well as any other medical information relevant to my study abroad experience to Exploration Seminar program staff and to the coordinators of the program overseas. I further authorize the directors of my international program to contact my emergency contact in the event they determine that I may need emergency medical treatment. I acknowledge and agree that nothing in the foregoing statement or authorization to release information shall be construed as creating any obligation or duty on the part of UW to obtain medical care on my behalf. **Please sign below indicating your permission for us to share this information with our counterpart overseas in order to assist you at the host site.**

Name: _____ **Program:** _____

Signature _____ **Date:** _____

Parent Signature _____ **Date:** _____
(required for any student who will be under 18 years old at any point during the program)