

## Self-Assessment Medical Form

Name: \_\_\_\_\_

Name of Overseas Program/Institution: \_\_\_\_\_

Because studying abroad or participating in an overseas program can be both physically and emotionally demanding, we ask you to provide us with a candid evaluation of your health. A certain amount of stress due to culture shock or the change in living conditions and facilities is a normal part of the study abroad experience. In some cases, however, such stress may aggravate disabilities or illnesses that you have under control at home. With this form we hope to create an awareness of any health issues that you should take into consideration before going abroad.

If deemed necessary, we will forward this form to your program sponsor and the Education Abroad office at your host institution to ensure that they can offer you the appropriate accommodations. The information on this form is treated as confidential correspondence.

Instructions: Please read the questions below and indicate either YES or NO.

- |   |     |    |
|---|-----|----|
| 1. Do you have any pre-existing medical and/or psychological conditions?  | YES | NO |
| 2. Do you currently receive any treatments or medication on a regular basis?  | YES | NO |
| 3. Do you have any dietary restrictions?  | YES | NO |
| 4. Do you have allergies to medication, plants, food, animals, insect stings, etc.?   | YES | NO |
| 5. Do you carry an epi-pen with you?  | YES | NO |
| 6. Do you have any physical limitations or disabilities?  | YES | NO |
| 7. Have you ever had a major illness?   | YES | NO |
| 8. Have you ever had a major surgical operation or been advised to have one?  | YES | NO |
| 9. Have you ever been hospitalized?   | YES | NO |
| 10. Have you ever received treatment for drug or alcohol addiction?   | YES | NO |
| 11. Have you ever been treated by a psychiatrist, psychoanalyst, or psychologist for a mental, emotional or nervous disorder? | YES | NO |
| 12. Have you ever had treatment in a mental institution?  | YES | NO |
| 13. Do you have any learning disabilities for which you need accommodations?  | YES | NO |

If you answered **YES** to any of questions 1–12, please explain clearly below:

Are there any concerns regarding your health, family history, or other matters that you would like to discuss with a member of the International Center staff before you depart?

YES      NO

If yes, please list your phone number and a time when we can contact you.

My phone number is: \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

I, and my parents or guardians, agree to release and hold harmless Springfield College and its employees and agents from any claims arising out of the provision of medical care in my host country.

I understand and agree that this form will be released to my host institution. I also understand and agree that Springfield College is not responsible for any decisions that the host institution may make based upon information it receives from any source about my physical condition.

If my parents or guardians have not signed this form, I represent and certify that I am not a minor.

Signature of Applicant Date

Signature of Parent or Guardian (if student is under 18 years of age) Date