

Study Abroad Student Health Information

Please type or print in ink.

Name: _____

Last First Middle

Program:		
Location Abroad	Approximate dates of the program	Administering College

To the Student: The information provided will remain confidential. Be aware that you will be responsible for your own care, although your leaders will make every effort to provide assistance and travel with a list of nearby hospitals. Please be honest with yourself and prepare accordingly. The questions that follow will help guide you in preparing for your stay abroad. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

1.	Do you have or have you had any physical, psychological or emotional conditions (including eating disorders), that might require treatment abroad, or that might be exacerbated by the stress caused by changes in culture, climate, diet or exercise? If yes, explain below and plan to see your health care provider to discuss your care.	Yes	No
2.	Have you arranged to receive all the necessary immunizations and medications recommended for visiting the program site by reviewing information that: <ul style="list-style-type: none"> - may have been provided by SUNY or your faculty travel leaders - is available on the US Center for Disease Control and Prevention website; and - may be available from the government of the countries you will enter? 	Yes	No
3.	Do you have any allergies, reactions to medications, or dietary restrictions? If yes, consider what you may need to manage your condition or restrictions. If needed, see your health care provider for assistance in planning for your care. You may list any allergies or dietary restrictions below so we can inform overseas providers. However, SUNY can only inform and cannot ensure that you can be protected from exposure.	Yes	No
4.	Are you, have you recently or will you be taking any medications? Tell us what prescription and over-the-counter medications you are currently taking in the space below. Also share any medications that you recently discontinued and that you may need while abroad? List all medication name and purpose below:	Yes	No

<p>Please tell us below how you will have access to the medication you need and consult with your physician to develop a plan for managing your condition while abroad. Depending on the medication, SUNY may request additional information.</p>		
<p>5. (Disclosure of disabilities is optional) Do you have a disability for which you are seeking accommodations? If yes, provide a description of desired accommodations. Please be aware that the Americans with Disabilities Act (ADA) does not apply outside the borders of the United States. The Administering Campus will assist you, to the extent possible, to obtain the accommodations you may want; however, it may not be able to obtain the accommodations necessary to enable you to participate in all aspects of the overseas program.</p>	<p>Yes</p>	<p>No</p>
<p>6. Person to notify in case of emergency, illness or accident:</p> <p>Name: _____ Relationship to student: _____</p> <p>Street/Apt #: _____ Daytime Telephone #: (____) _____</p> <p>City, State, ZIP: _____ Evening Telephone #: (____) _____</p> <p>E-mail Address: _____ Cell Telephone #: (____) _____</p> <p>Second person in the event that the above cannot be reached:</p> <p>Name: _____ Relationship to student: _____</p> <p>Street/Apt #: _____ Daytime Telephone #: (____) _____</p> <p>City, State, ZIP: _____ Evening Telephone #: (____) _____</p> <p>E-mail Address: _____ Cell Telephone #: (____) _____</p> <p>Health Information continues on next page.</p>		