

## HEALTH INFORMATION FORM FOR STUDY ABROAD PARTICIPANTS

|   |                                     |                                      |
|---|-------------------------------------|--------------------------------------|
| <b>Student:</b> Last name: _____ First Name: _____ Middle Initial: _____              |                                     |                                      |
| Period of intended study abroad: Year(s): _____ ___ Fall ___ Spring ___ Academic Year |                                     |                                      |
| _____   | _____                               | _____                                |
| Country   | Foreign Institution or Program Name | Primary Subject to be Studied Abroad |
| Email (must be an edu address): _____   |                                     |                                      |

**Deadline: Due at the Health and Safety information session as listed in the Study Abroad 101 syllabus.**

This form is required for each student who has been admitted to a study abroad program that is sponsored or approved by the College of Arts and Sciences, including specially approved alternative programs. It does not affect admission, and it will only preclude participation if essential care is unavailable at the foreign site. This form allows the Overseas Programs staff to identify participants with medical concerns, clarify their individual needs, and make preparations for adequate support.

Candid responses will facilitate safeguarding your health and wellness while abroad. If you have a medical or mental health condition that may be affected by participation in the program, we want to recognize it, discuss your needs and concerns, and respond appropriately within the limits of available resources and facilities.

Privacy of Medical Information: The information you provide will be handled as private information and will be revealed only as necessary to WU's Associate Director or Director of Student Health Services, the professional staff within the Office of Overseas Programs, the director of the study abroad program and/or the host institution's study abroad program coordinator, and involved health professionals.

Future Medical Problems: Should you develop a significant health problem between the time you complete the this form and begin the program, please promptly notify the Associate Director of Overseas Programs and provide a clinician's report (if relevant). Similarly, please promptly notify the Associate Director of Overseas Programs and on-site personnel if you develop a significant health problem while abroad or if an existing problem becomes acute or difficult to manage.

Students with Disabilities: The Office of Overseas Programs is committed to full compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 to the extent that those federal statutes, which protect the rights of students with disabilities. To receive accommodations and/or disability-related services while you are abroad, you must complete the normal registration process with WU's Disability Resource Center. You should discuss with the DRC what accommodations may be appropriate while you are abroad and request that an official letter listing recommended accommodations and/or services be prepared for you. A foreign institution will not be obliged to comply but normally will be responsive to the needs of the student in a reasonable manner.

Submission of Health Information Form. Please complete the following sections, comprised of: (a) general and emergency contact information, (b) clinical history, (c) authorization statement, and (d) clinician's report (if relevant). Submit by mail or in person to:

Office of Overseas Programs (McMillan 138), Campus Box 1088, Washington University, One Brookings Drive, St. Louis, MO 63130. If desired, you may fax it to 314-935-7642.

**WU STUDENT HEALTH SERVICES**

**Travel Immunizations and Physical Exams for Study Abroad Students**

The WU Student Health Services (SHS) will schedule appointments with a registered nurse on Mondays for students traveling abroad who need a physical or travel immunizations. The RN appointment will clarify the details regarding when and where the student will be going and the immunizations needed. The nurse will then review the recommended immunizations for the area of travel, the student's current immunization status, and other health care requirements. After this review, the nurse will begin immunizations, TB skin testing, urinalysis, eye exams, etc. This appointment will take approximately 30 minutes. Any student who requires a physical exam by the provider will then have an appointment scheduled for Thursday of the same week. This particular sequence of days allows for much of the medical testing and procedures necessary for the majority of the physicals to be completed within the same week. SHS will keep the day open on Monday for these nursing appointments and on Thursday with a provider for the physical exam. This time will be dedicated specifically to this service. It is important for the student to call 314-935-6666 ahead of time and reserve an appointment. These services will not be available on a walk-in basis.

The cost of the nurse visit is free to the student, covered by the student health fee. The cost of the physical exam is \$65.00, but the cost to the student is only the \$35.00 co-pay. Some students may require medications, lab tests, or vaccinations at additional cost, which can be discussed with the nurse at the time of the appointment.

### Health Information Form

#### General and Emergency Contact Information

Name: \_\_\_\_\_ Student ID (or SSN): \_\_\_\_\_

Country of Study: \_\_\_\_\_ Program: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

#### Clinician's Contact Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Emergency Contact:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Bus. Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Clinical History

**If you answer "yes" to any of the following questions, you must complete and return the Clinician's Report Form on p. 7. In the case of multiple medical and/or mental health conditions, please submit separate forms for each. Please contact us if any conditions or treatments significantly change before the start of your program or while you are abroad.**

Are you currently under medical treatment?     \_\_\_ yes     \_\_\_ no

Do you have a chronic medical condition (asthma, diabetes, IBS, Crohn's, etc.)? \_\_\_ yes \_\_\_ no  
If 'yes' please identify the condition(s) below and submit the Clinician's Report Form(s) on p. 7:

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Washington University - College of Arts and Sciences Overseas Programs  
Study Abroad Application for WU Approved Programs

Have you had any psychological, psychiatric, or personal issues (including eating disorders, substance abuse, family concerns) during the past five (5) years for which you have sought professional attention?     \_\_\_ yes     \_\_\_ no

If yes, please describe the circumstances and return the Clinician's Report Form on p.7.

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Are you currently taking any medications?   \_\_\_ yes   \_\_\_ no     If yes, please list name, dosage, prescribing clinician and, if not listed above, contact information for that clinician.

**NOTE: Please return the Clinician's Report form on p. 7 if you are taking prescriptions for a medical or psychiatric condition or for depression, anxiety, or other psychological/emotional condition.** You do not need to return the form on p.7 for routine prescriptions such as skin care, birth control or allergies.

| Name of medication | Dosage | Prescribing Clinician |
|--------------------|--------|-----------------------|
| _____              | _____  | _____                 |
| _____              | _____  | _____                 |
| _____              | _____  | _____                 |
| _____              | _____  | _____                 |
| _____              | _____  | _____                 |

What condition(s) is (are) being treated with medication?

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For what period of time have you been and do you plan to continue taking the(se) medication(s)?

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Have you contacted your clinician and health insurance provider to obtain a sufficient dosage of this medication for the duration of your study abroad program?   \_\_\_Yes \_\_\_ No

If "no" please list date when this contact will be made: \_\_\_\_\_

Please list any allergies to medication, food or other substances/conditions:

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Please list any dietary restrictions:

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Have you had any diseases, surgical operations or significant injuries within the last five (5) years that could have an effect on your participation in this program?  yes  no  
If yes, please explain and return the Clinician's Report Form on p.7.

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Have any surgical operations been recommended that could have an effect on your participation in this program?  yes  no If yes, please explain and return the form on p.7.

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Do you plan to have any surgical operations between now and your date of departure?  
 yes  no If yes, please explain and return the form on p.7.

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Is there anything else about your health or medical history that may be a factor should there be an emergency?  yes  no If yes, please explain.:

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### **PHYSICAL or LEARNING DISABILITIES**

Do you have any conditions (including physical impairments or learning disabilities) that might restrict your mobility or require special facilities or accommodation while abroad?  yes  no

Have you discussed these issues with your study abroad program coordinator?  yes  no  
If 'no', would you be willing to be contacted by your program coordinator to make arrangements to accommodate your needs while abroad?  yes  no

NOTE: If you are registered with WU's Disability Resource Center (DRC), they will work with the Office of Overseas Programs to secure reasonable accommodations. If you are not registered with the DRC and wish to request an accommodation, please notify the DRC immediately.

**Authorization Statement**

I hereby authorize Washington University to release information from my medical history, including but not limited to medical records, upon the request of the College of Arts and Sciences, Office of Overseas Programs. I further authorize the release of information by the Office of Overseas Programs to the relevant program director and to the cooperating or affiliated foreign institutions.

I understand that the Office of Overseas Programs will not request any information from my medical records unless a situation arises while I am a participant in a study abroad program that makes it necessary to have the information pertinent to my safety or health. I further understand that any information obtained from my medical records by the Office of Overseas Programs will be destroyed upon the completion of the study abroad program.

I understand that, if I have a medical, psychiatric or psychological condition that requires or has required treatment, I must discuss my plan to study abroad with my clinician.

**I certify that the information on this Health Information Form is true and correct, and I will notify the Office of Overseas Programs hereafter of any significant or relevant changes in my health that occur prior to or during the study abroad program.**

Student's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Study Abroad Application for WU Approved Programs

**Washington University in St. Louis, Office of Overseas Programs**

**Clinician's Report for Study Abroad**

**To be completed by a physician, psychiatrist, psychologist or counselor  
who has treated this student for the condition described below.**

\_\_\_\_\_ (student's name) has identified a chronic and/or recurrent health issue. Please evaluate the physical and/or mental health of this student, who intends to participate in a study abroad program in \_\_\_\_\_ (study abroad location). The availability of medical services in the country (or countries) and areas where the student will be living/traveling should be considered.

NOTE TO STUDENT: If you have multiple medical/mental health conditions, a separate form must be submitted for each.

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I have treated this individual for this condition  within the past six months  within the past year  
 more than one year ago  
(please specify date): \_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_

**Medications and dosage:**

\_\_\_\_\_  
\_\_\_\_\_

**Stability of condition over the past five (5) years:**

stable without treatment/medication  stable with treatment/medication  not stable

other: \_\_\_\_\_

**In your professional opinion, is this student fit for study abroad?**

\_\_\_\_\_

**To your knowledge, are there any predisposing medical, physical, or emotional factors that, under stress of adjusting to life in another country, may require treatment while the student is abroad?**

\_\_\_\_\_

**Recommendations for care of this individual while abroad:**

\_\_\_\_\_  
\_\_\_\_\_

Clinician's (or representative's) Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please complete and return to: Office of Overseas Programs, Campus Box 1088, Washington University in St. Louis,  
1 Brookings Drive, St. Louis, MO 63130. This form may also be faxed to 314-935-7642.**