

Study Abroad Health Information Form

Please answer all questions openly and honestly. While it may be difficult to share health information, completion of this form enables the Office of Study Abroad to obtain information regarding facilities available for study abroad students who have specific health concerns. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the University be made aware of any medical or emotional problem, past or current, which might affect you abroad. This form is a confidential document and any and all information you provide will be disclosed only as necessary to provide for your health and well-being.

The Office of Study Abroad will do its best to assist you, but may not be able to accommodate all individual needs or circumstances. The information you provide WILL NOT preclude you, in any way, from studying abroad. The information may be helpful in the event you become injured or ill. All information will be kept confidential in accordance with HIPAA (Health Insurance Portability Accountability Act of 1996.) Visit www.hhs.gov/policies/#hippa for more information.

To be completed by the Participant

Last Name _____ First _____ Middle _____

Phone _____ Student # _____ Email _____

Country(ies) _____ Term(s) _____ Year _____

Emergency Contact Information (2 people):

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

1. Do you have any serious or chronic illnesses, surgery or injuries that may affect your health while abroad?
YES / NO If yes, please explain.

2. Do you have allergies such as hay fever, food allergies, or asthma?
YES / NO If yes, please explain and include any ongoing treatment required abroad.

3. Do you have any mobility or physical activity restrictions (due to a disability, obesity, or cardiac condition) that may require accommodations to fully participate in the study abroad program?
YES / NO If yes, please explain the type(s) of services that you might require.

4. Do you believe you have a health condition or disability (e.g. learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations to fully participate in the study abroad program?
YES / NO If yes, please explain.

5. Do you have a hearing or visual loss that may require reasonable accommodations to fully participate in a study abroad program?
YES / NO If yes, please explain.

6. Will your participation in full-time academics or other program elements be limited in any way because of health issues or special needs requirements?
YES / NO If yes, please explain.

7. Are you presently seeing a counselor or other medical professional for emotional, psychological, or other problems (e.g., addiction, depression, anxiety, eating disorder, or a condition related to grief) that will require on-going treatment abroad?
YES / NO If yes, please list specifically the type of service or professional that is needed.

8. Are you currently taking prescription medication?
YES / NO If yes, list below any prescription medications that you take including the dosage, frequency of medication, and include your plan for continued use while abroad. Please note that in some countries it is not possible to fill prescriptions written in the U.S. or to receive medications through the mail.

9. Is there any additional information that would be helpful for the program to be aware of during your study abroad period?
YES / NO If yes, please explain.

Travel Precautions, Immunizations and Vaccinations

While there are unavoidable risks in study and travel outside of the United States, there are also precautions that can be taken. Webster University follows the guidelines set by the U.S. Department of State, which posts travel alerts and warnings online at <http://travel.state.gov>.

While there are likely no immunizations and vaccinations required for your study abroad experience, both Webster University and the American College Health Association (ACHA) recommend that you are current with vaccinations for Tetanus, Meningitis, Measles, Mumps and Rubella. These immunizations are required for students living on campus in St. Louis, and are recommended for students traveling abroad. The university's Student Health Services Department can administer these for you, and charge the fee to your student account. Visit <http://www.webster.edu/students/health/immunizations.shtml> for more information.

For more information on required immunizations and vaccinations, please visit the Center for Disease Control at www.cdc.gov or the World Health Organization at www.who.int

Webster University encourages students with special medical needs to do the following:

1. Locate a provider near the campus where you will be studying.
2. Visit the insurance website (www.hthstudents.com) having a list of providers. You can use any provider in the world. The website is just a guide. However, if you select a doctor not approved by the insurance company, you will be asked to pay in advance. The insurance company will require an itemized bill for reimbursement; in such a case file your case expeditiously.
3. Choose and contact a provider upon arrival, depending on the severity of your medical needs.
NOTE: The insurance will only cover accidents and illness and not general checkups or doctor visits.
4. Always keep a copy of your medical history and any medication you are taking with you at all times.

Declaration

I certify that I have had the full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with the direction to the University. I understand that by signing this form, I am confirming my authorization that the University may use and/or disclose the protected health information described in this form to all persons and organizations, who would need to know. Furthermore, I certify that all of the responses made on this Health Information Form are true and accurate, and that I will notify the Office of Study Abroad hereafter of any important changes in my health that occur prior to the start of the program.

I understand that the Office of Study Abroad will do its best to accommodate my needs, although not all accommodations may be possible. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation. I also understand that the cost of medical attention and ambulance are not the responsibility of Webster University, its employees, agents, representatives, teachers and/volunteers.

Applicant Signature _____ Date _____