



SAINT LOUIS
UNIVERSITY

Study Abroad Health Information Form

The purpose of this form is to help the Study Abroad Office to assist you in preparing for your time abroad. Please answer all questions open and honestly. While it may be difficult to share health information, timely disclosure allows the Study Abroad Office to attempt to support you overseas. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problem, past or current, which might affect you abroad. The information provided will remain confidential and will be shared with the appropriate official only if pertinent to your own well-being. The Study Abroad Office will do its best to assist you, but may not be able to accommodate all individual needs or circumstances.

This information does not affect your admission to the program.

To be completed by the Participant

Last Name _____ First _____ Middle _____

SLU Email _____ Banner # _____ Phone _____

Program _____ Term _____

Medical History

1. Yes No

Are you currently being treated, or have you been treated, within the past five years for a physical health condition, injury or disease? If yes, please explain and include any ongoing treatment.

2. Yes No

Are you currently being treated, or have you been treated in the last five years, for a mental health condition of any nature (e.g., addiction, depression, anxiety, eating disorder, or a condition related to grief)? If yes, please explain how you plan to manage your treatment overseas.

3. Yes No

Do you have any allergies? If yes, please explain and include any ongoing treatment required overseas.

4. Yes No

Are you taking any medications (prescription, over-the-counter)? If yes, please explain and include your plan for continued use while overseas.

5. Yes No

Are you a vegetarian or on a restricted diet? If yes, please explain your dietary plan for your term overseas.

6. Yes No

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? If yes, please explain and attach relevant disability services documentation for the Study Abroad Office.

7. Yes No

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? If yes, please explain and attach relevant documentation.

8. Yes No

Do you have a hearing or visual loss that may require reasonable accommodations to fully participate in a study abroad program? If yes, please explain and attach relevant documentation.

9. Yes No

Is there any additional information that would be helpful for the program to be aware of during your study abroad term? If yes, please explain.

Declaration

I certify that all of the responses made on this health information form are true and accurate, and I will notify the Study Abroad Office hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the Study Abroad Office will do its best to accommodate my needs, though not all accommodations are 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.

Applicant Signature _____ Date _____