

Health Information - Student Self-Assessment

Willamette University Sponsored Study Abroad Program – see deadline on your CHECKLIST
 Return this form to the Office of International Education, Willamette University, Matthews Academic Center

Name: _____ WU ID# _____

Program, Country, Semester(s): _____

This form is to direct your awareness to health issues that you should take into consideration before going abroad. This information will be used primarily to guide us in offering resource information to you about how to manage your issues while abroad. All participants are responsible for securing, at their own expense, appropriate health insurance that covers outpatient illness/injury, emergency services, and hospitalization. Some countries have entrance/length of stay restrictions for visitors who have certain diseases. Please research individual country health restrictions and conditions for guidance. Contact your advisor for guidance, if needed –oieadvising@willamette.edu

Please read the questions below and **answer either YES or NO** by circling the appropriate answer.

FOR ALL "YES" ANSWERS, use the back of this sheet for an explanation
 description, when, how long, etc.

- | | | |
|---|------------|-----------|
| 1. Do you have any current medical conditions? – please specify | Yes | No |
| 2. Do you currently take medication or receive <u>any</u> treatment on a regular basis?
Prescription and/or non-prescription - please list & specify reason | Yes | No |
| 3. Do you have <u>any</u> dietary restrictions? - please specify and reason
(religious, personal conviction, medical/health, whatever is applicable so information is available if needed) | Yes | No |
| 4. Do you have <u>any</u> allergies to medication, plants, food, animals, insect stings, etc.? - please specify, plus list medication(s) used for these | Yes | No |
| 5. Do you have significant physical limitations or disabilities? - please specify | Yes | No |
| 6. Have you ever had a major illness in the past 5 years? - please describe | Yes | No |
| 7. Have you ever had a major surgical operation or been advised to have one? - please specify | Yes | No |
| 8. Have you been hospitalized in last 10 years? - please specify | Yes | No |
| 9. Have you ever had treatment for drug or alcohol abuse?-please specify | Yes | No |
| 10. Have you ever been treated by a psychiatrist, psychologist, or counselor for any mental, emotional, or nervous disorder? - please specify | Yes | No |
| 11. Have you ever received treatment for depression, anxiety, or sleep disorder? - please specify | Yes | No |
| 12. Have you ever had treatment in an inpatient program for mental or emotional disorders? - please specify | Yes | No |
| 13. Are there any concerns regarding your health, family history, etc. that you would like to discuss with Willamette staff before you depart? | Yes | No |
- Your phone number where you may be contacted: _____

Birth date: _____	Emergency Contact: Name _____
Gender: _____	Email address _____
	Phone Number(s) _____

My signature below certifies that the above information is true to the best of my knowledge.
 If my parents have not signed this form, I represent that I am not a minor.

 Student Signature of Applicant

 Date

 Signature of Parent or Guardian (required for minor participants only)

 Date

For more information about health and wellness while abroad, see the Staying Healthy Abroad chapter in the Study Abroad Handbook and/or talk to an OIE Advisor.