



Name _____ ID # _____

Sponsoring Office or Department: _____

A sponsored international program may pose emotional and physical challenges for those living in a different environment for an extended period of time. At the discretion of your sponsor and the Center for Global Education, a copy of this report may be sent to CMC administration, the host agency, and/or program sponsor.

Failure to self-disclose an ongoing medical condition that needs treatment while away may result in a lack of proper medical attention and support while off-campus.

My international program will be in _____ (city), _____ (country).

My program is (check all that apply): Internship Research Faculty-Led Other: _____

1. Birth Date ____/____/____ Sex _____

2. In your estimation, how would you describe your general health? Excellent Good Fair Poor

3. Do you have any food allergies or dietary restrictions? Yes No If yes, please explain.

4. Do you have any known allergies to medication or vaccines? Yes No If yes, please explain.

5. Are you allergic to any other elements, e.g., bee stings, pollen, etc.? Yes No If yes, please explain.

6. Please check any of the following conditions you may have had or currently experience.

	<u>Date</u>		<u>Date</u>		<u>Date</u>
<input type="checkbox"/> Anemia	_____	<input type="checkbox"/> Ears, frequent infection	_____	<input type="checkbox"/> Kidney Disease	_____
<input type="checkbox"/> Anxiety or Panic Attacks	_____	<input type="checkbox"/> Eating Disorder	_____	<input type="checkbox"/> Menstrual Difficulty	_____
<input type="checkbox"/> Arthritis	_____	<input type="checkbox"/> Epilepsy/Seizures	_____	<input type="checkbox"/> Mental Health Counseling	_____
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Fainting/Blackouts	_____	<input type="checkbox"/> Migraine Headache	_____
<input type="checkbox"/> Attention Deficit Disorder	_____	<input type="checkbox"/> Hay Fever	_____	<input type="checkbox"/> Mononucleosis	_____
<input type="checkbox"/> Bipolar Disorder	_____	<input type="checkbox"/> Hearing Difficulty	_____	<input type="checkbox"/> Pneumonia	_____
<input type="checkbox"/> Blood Clotting Disorder	_____	<input type="checkbox"/> Heart murmur/Arrhythmia	_____	<input type="checkbox"/> Positive Tuberculin Skin Test	_____
<input type="checkbox"/> Cancer	_____	<input type="checkbox"/> Hepatitis	_____	<input type="checkbox"/> Sinus Disease	_____
<input type="checkbox"/> Depression	_____	<input type="checkbox"/> High Blood Pressure	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Immune System Problem	_____	<input type="checkbox"/> I have none of the conditions listed.	

7. Medications (please list by name): _____

8. Explain any recent or serious health episodes (attach supplemental information or explanation if necessary).

In many countries abroad, there is no comprehensive legislation that protects individuals covered by the Americans with Disabilities Act (ADA). These cultures do not recognize the special needs which might affect those persons with physical, psychological, or learning disabilities. If you have a special need or disability that might impact your experience abroad, you are well advised to discuss it with study abroad staff before departure. Any special accommodations must be supported with documentation prior to the start of the program.

Do you have any medical, physical, psychological, or personal needs that you would like to discuss with the Center for Global Education? Yes No

Due to medical/privacy laws, the Dean of Students Office cannot inform the Center for Global Education nor your sponsor concerning any special accommodations for a learning difference. Do you have any accommodations you would like to discuss with the Center for Global Education? Yes No

I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information may result in CMC revoking approval for my international travel. I agree to notify the Center for Global Education of any material changes in my health that occur prior to the start of the program.

Student Signature _____ Date: _____