

# Health Information - Student Self-Assessment

Willamette University Sponsored Study Abroad Program

Please return this form to the Office of International Education, Willamette University, Matthews Hall

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

Program, Country, Semester(s): \_\_\_\_\_

This form is to help create awareness of any health issues that you should take into consideration before going abroad. This information will be used primarily to guide us in assessing resources available at the site of your chosen program. All participants are responsible for securing, at their own expense, appropriate health insurance. Some countries have entrance/length of stay restrictions on visitors who have certain serious diseases. Please research individual country health restrictions and conditions for guidance.

Please read the questions below and **answer either YES or NO** by circling the appropriate answer. If circling YES, please use the back of this sheet or attach a separate sheet of paper with a brief explanation.

- |   |     |    |
|---|-----|----|
| 1. Do you have any pre-existing conditions? – please specify  | Yes | No |
| 2. Do you currently receive <u>any</u> treatments or medication on a regular basis?<br>i.e. migraine medication, inhalers, etc. – please specify  | Yes | No |
| 3. Do you have <u>any</u> dietary restrictions? - please specify  | Yes | No |
| 4. Do you have <u>any</u> allergies to medication, plants, food, animals, insect stings, etc.? - please specify   | Yes | No |
| 5. Do you have <u>any</u> physical limitations or disabilities? - please specify  | Yes | No |
| 6. Have you ever had a major illness? - please specify  | Yes | No |
| 7. Have you ever had a major surgical operation or been advised to have one? – please specify   | Yes | No |
| 8. Have you ever been hospitalized? - please specify  | Yes | No |
| 9. Have you ever received 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, or other matters that you would like to discuss with a member of the Willamette staff before you depart? If yes, please give a phone number and time when you may be contacted: _____ | Yes | No |

FOR ALL "YES" ANSWERS, PLEASE use the back of this sheet for an explanation.

## In case of emergency

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_(day) \_\_\_\_\_(evening)

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By signing below, I certify 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.

\_\_\_\_\_  
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 Chapter 3 in the Study Abroad Handbook.