



HEALTH DISCLOSURE FORM

Name of Student: _____ Program: _____

I give OUS International Programs permission to contact the person(s) listed below in the case of emergency and to provide this person(s) with my contact information:

_____	_____	_____	_____
Last Name	First Name	Relationship	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
Telephone	Fax	Email	

REMEMBER: It is important to leave your Emergency Contact Information abroad with family members who may need to contact you in an emergency. You will receive this information in the program handbook given to you at or before the pre-departure orientation.

An international program can create emotional and physical stress for those not able to meet the demands of living in a new and different environment for extended periods of time. It is in your best interest to give a frank evaluation of your physical health, mental health, and stamina. We therefore appreciate your cooperation in completing this form and adding any information that you feel is relevant to your participation in the program.

Please note that checking "yes" to any of the following questions will not necessarily prohibit your participation on this program. Checking "yes" may require you to confer with a health practitioner about your suitability for this international program. It will also help the Oregon University System, its international counterparts, and your home academic institution to determine the appropriate accommodations for a successful international experience. Information on this form may be shared with relevant health professionals and international programs staff in situations that require health condition monitoring and/or management while you are abroad. The staff of the Oregon University System, your home academic institution, and our program associates shall maintain confidentiality in all health matters.

- General state of health: _____ excellent _____ good _____ fair _____ poor
- Height _____ Weight _____ Sex _____
- Do you have any dietary restrictions or known food allergies: _____ yes _____ no
(if yes, please list) _____
- Are you allergic to any medications? _____ yes _____ no
(if yes, please list) _____
- Will you need to take prescribed medication while you are abroad? _____ yes _____ no
(if yes, please list medication and purpose) _____
- Are there any predisposing medical or surgical conditions which may, under the stress of travel, cause problems during your study abroad program? _____ yes _____ no
- Have you been diagnosed with diabetes? _____ yes _____ no

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8. Have you been hospitalized for or had a serious problem with diabetes in the past year? _____ yes _____ no
9. Have you been treated in the emergency room or hospitalized for asthma in the past year? _____ yes _____ no
10. Do you take daily medication for asthma? _____ yes _____ no
11. Have you been diagnosed with epilepsy? _____ yes _____ no
12. Have you experienced a seizure or a loss of consciousness in the past year? _____ yes _____ no
13. Do you have a serious or chronic health condition requiring on-going care? _____ yes _____ no
14. Do you have any fractures, arthritis, muscle or joint pain which would limit your motion or activity? _____ yes _____ no
15. Do you have inflammatory bowel disease such as ulcerative colitis or Crohns Disease? _____ yes _____ no
16. Do you have, or have you ever had, an eating disorder? _____ yes _____ no
17. Do you have, or have you ever had, an alcohol or drug problem? _____ yes _____ no
18. Are you pregnant? _____ yes _____ no
19. Have you been treated by a psychiatrist, psychoanalyst, psychologist, or similar practitioner for any mental, emotional or nervous condition in the last two years? _____ yes _____ no
20. Have you *ever* been treated by a psychiatrist, psychoanalyst, psychologist, or similar practitioner for any mental, emotional or nervous condition? _____ yes _____ no
21. Have you ever experienced severe depression or any other mental disorder? _____ yes _____ no
22. Do you have a documented disability that you would like to disclose which may require academic accommodations (e.g., note-takers, taped texts, testing accommodations) or which may require accessible public transportation and housing? _____ yes _____ no
23. Do you have any questions in regard to your health, family history, or other matters related to your international program which you would like to discuss with a member of the Health Services staff on your campus before you depart for your international program? If so, please schedule an appointment with your health practitioner. _____ yes _____ no

IMPORTANT: IF YOU HAVE CHECKED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE ATTACH AN ADDITIONAL PAGE AND WRITE AN EXPLANATION FOR EACH ITEM.

24. Do you have any health concerns you would like to discuss with a study abroad advisor? _____yes _____no

I certify that the information provided on this form is accurate and complete to the best of my knowledge and contains no misrepresentations or material omissions. I will inform the Oregon University System International Programs Office and my home campus of any relevant changes in my state of health subsequent to my application and prior to the program. By signing this form, I grant permission for this information to be provided to those with a legitimate need to know.

Signature

Date

Please print out this form. Then sign it above by hand.

Revised 08/11/08

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