

MINNESOTA STATE COLLEGES AND UNIVERSITIES HEALTH INFORMATION COLLECTION FORM

Complete only if accepted to participate in a study abroad program conducted by Minnesota State Colleges and Universities. School officials will use this information to assist you in preparing for your study abroad program. Please answer all questions completely; timely disclosure of your health information will allow the college or university to support your overseas experience effectively. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that you inform the program coordinators of any medical or emotional conditions, past or current, which might affect your safety and welfare or that of other program participants.

The information provided will be handled confidentially and will be shared with program staff, faculty, or appropriate professionals only to the extent needed to secure health care or disability accommodations or if pertinent to your well-being in a housing placement or academic setting. Study abroad coordinators will assist participants in college or university programs, but may not be able to accommodate all individual needs or circumstances. **Note: This information does not affect your admission into the program.**

To be completed by the participant.		
Name	Email	
Program	Year(s)	Term
Medical History		
Yes <input type="checkbox"/> No <input type="checkbox"/>	1. 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.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Are you currently being treated, or have you been treated in the last five years, for a mental health condition (e.g., addiction, depression, anxiety, eating disorder, or a condition related to loss or grief)? If yes, please explain how you plan to manage your treatment while overseas.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Do you have any allergies? If yes, please explain and include any ongoing treatment required while overseas.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Are you taking any medications (prescription, over-the-counter)? If yes, please explain and include your plan for continued use while overseas.	

Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Are you a vegetarian, or are you on a restricted diet? If yes, please explain.
Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Do you have any mobility or physical activity restrictions due to a physical health condition that may require reasonable accommodations* to fully participate in a study abroad program, etc.? If yes, please explain and <i>attach relevant Disability Services documentation</i> .
Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Do you believe you have a health condition or disability (<i>e.g.</i> , learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations* to fully participate in a study abroad program? If yes, please explain and <i>attach relevant documentation</i> .
Yes <input type="checkbox"/> No <input type="checkbox"/>	8. 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 <i>attach relevant documentation</i> .
Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience? If yes, please explain.

*If yes, please contact Disability Services on your campus to determine eligibility for reasonable accommodations. Please complete and attach the college/university *Student Accommodation Request Form* or equivalent. The availability of reasonable accommodations is not guaranteed for every study abroad program.

I certify that all responses made on this Health Information Collection Form are true and accurate, and I will notify the study abroad program hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the college or university 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 _____

Submit this form to: <College/University> Office

Retain a copy for your records.