Information Regarding Medical and Other Needs

UNIVERSITY OF DENVER

READ THIS FORM CAREFULLY. THIS IS A REQUIRED FORM; HOWEVER, THE DISCLOSURE OF MEDICAL INFORMATION IS VOLUNTARY. IF YOU CHOOSE NOT TO DISCLOSE ANY INFORMATION, YOU STILL NEED TO SIGN AND RETURN THIS FORM.

Name:_____ **DU ID#:** _____

Program:_____ **Phone:** _____

Because study and travel abroad can be both physically and emotionally demanding, we ask that you make a candid self-evaluation of your health and medical needs. While a certain amount of stress due to cultural adjustment is normal, in some cases, the stress can aggravate conditions or illnesses which may have been under control at home. We ask that you voluntarily share information with the Office of International Education that you think might assist us in serving you while you are abroad, and that you meet with your physician or counselor to discuss how studying abroad may affect your health or medical condition.

If you provide information, it will be kept confidential. ***Sharing this information is voluntary and will not result in disqualification from any program****. The goal is to help us identify what resources may or may not be available to you at your program location and to better assist you while studying abroad.*

Are there any circumstances that would limit your ability to fully participate in any aspects of the study abroad program? (Examples may include any physical restrictions or medical needs.)

❑ Yes ❑ No

Do you have allergies (especially to food or medications) or dietary restrictions we should be aware of?

❑ Yes ❑ No

Are there any special health or medical needs you anticipate while you are overseas?

❑ Yes ❑ No

Is there any other health or medical information you would like to share with us?

❑ Yes ❑ No

If you answered "yes" to any of these questions, please attach a separate page describing the circumstances, the limitation, the treatment you receive, and any other information you wish to include.

❑ I authorize you to share the information I have provided with the overseas university and program sponsor.

_____

Student Signature **Date**

_____

Signature of Guardian (if under 18) **Date**

OR

❑ I choose not to disclose any information at this time.

_____

Student Signature **Date**

_____

Signature of Guardian (if under 18) **Date**

If you require any accommodation for a disability during your study abroad program, please contact the Office of International Education or the Office of University Disabilities Services. You may be asked for documentation of the disability in support of such request.