

Office of Global Initiatives – Study Abroad Health Information Form

Participant Name:

EWU ID:

Study Abroad Program:

The purpose of this form is to help The Office of Global Initiatives provide you with the maximum assistance if anything arises during your study abroad program. It is important that we be aware of any past or current medical issues, including mental health conditions, which might affect your participation. The information you provide will remain confidential in accordance with applicable law to protect your privacy. Should the need arise during your study abroad experience, disclosure of such information may be made to appropriate individuals only if pertinent to your own well-being. The information you provide does not affect your admission into the EWU Study Abroad Program.

Medical History		
Yes	No	Are you generally in good physical condition? (If no, please explain.)
Yes	No	Have you ever been treated or are you currently being treated for any mental health conditions (psychological or emotional)? (If yes, please explain.)
Yes	No	Do you have any allergies? (If yes, please explain.)
Yes	No	Are you taking any medications? (If yes, please explain.)
Yes	No	Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)
Yes	No	Are you on a restricted diet? (If yes, please explain.)
Please list any additional information that would be helpful for the program to be aware of during your study abroad experience.		

I certify that all responses made on this Health Information Form are true and accurate to the best of my knowledge. I will promptly notify the Office of Global Initiatives hereafter of any relevant changes in my health that occur prior to the start of the program. I understand and acknowledge that failure to disclose any relevant health issues may result in dismissal from the program and/or other action as appropriate.

Signature of Participant:

Date: