Personal Health Information Form

To help you have a healthy and safe experience abroad, this form must be completed and submitted to the Office of Education Abroad (“OEA”) by the required deadline before you are approved to travel on an international program.

The purpose of this form is to inform OEA of any medical or health conditions that may require accommodation or support. OEA’s responsibility is to make you aware before you depart what resources are available for your health concerns, and how you can take care of yourself when you are abroad. Please note, however, that the primary responsibility for your health and well-being while abroad rests with you. Providing the information on this form does not place any obligations on The Catholic University of America, its employees or agents.

Privacy of Information

Information disclosed on this form will be shared only with those who have a legitimate health or educational interest to provide you with assistance should the need arise during your international program. The completed form will be stored with OEA and with the CUA office responsible for the international program (“Sending Office”). Program leaders may bring a copy of this form while abroad.

Students with Disabilities

If a disability accommodation is required, you must set up an appointment with Disability Support Services (“DSS”) and complete the accommodations request form.

Successful Participation in the Program

If the University has any concerns regarding a student’s ability to successfully participate in the program, the Sending Office may require a letter of approval from a physician or other health care professional. Participation in an international program may be precluded if there is a serious physical or emotional condition that, in the University’s judgment, prevents successful participation in the program, or if sufficient care is unavailable at the abroad site.

If a student is precluded from a particular international program, that student will be given every opportunity to go abroad on another program or at another time.

Please complete the following questions:
## Health Questionnaire

1. Do you have any medical conditions (including a psychological or emotional condition) that may require ongoing medical care or prevent you from being able to participate fully in this international program? If so, please describe.

2. If you answered yes to Question #1, do you have a plan in place to manage the medical condition(s) you described? Should your condition resurface while abroad, what plans have you considered with your doctor to manage the conditions? If any assistance is needed, what would that be?

3. Do you have any disabilities (i.e. physical, health, psychological, hearing, vision or cognitive/learning) that may require accommodations while abroad? If so, please describe.

Do you have any allergies or dietary restrictions that would be helpful for OEA or your program to know about?

5. Have you had any recent illnesses, operations or injuries that could affect your health while abroad? If so, please describe.

6. Are you currently taking any prescription medications that may be relevant in the event of an accident or illness? **PLEASE NOTE:** Some prescription medications that are legal in the United States may not be legal or easily available internationally. Please consult with the foreign embassy of the country you are visiting to make sure your medications are not considered to be illegal narcotics in that country.

7. Is there any additional information, medical or otherwise, that you believe the University should be aware of with respect to your participation in the program?
Blood Type (if known): __________________________________________________________

Date of Last Tetanus Vaccine (if known): _________________________________________

I understand that providing false information may preclude my further participation in a University abroad program and subject me to University disciplinary action. I will notify the Office of Education Abroad of any relevant changes in my health that occur prior to the start of my abroad program.

I have read, understand, and accept the procedures listed on this form and I certify that all the responses made on this Personal Health Information for are true and accurate.

______________________________________________  ________________________
Printed Name                                    Date

______________________________________________
Signature