

CONFIDENTIAL HEALTH & SPECIAL NEEDS FORM

Name: _____ Home Institution (if not UR) _____

Fall Spring Summer 2012

1) You are responsible for maintaining health insurance coverage during your time abroad. Give the name of your insurance company and policy number here:

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2) Are you on a restricted or special diet of any kind? Yes No If yes, please explain.

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3) Are you in good physical health? Yes No If no, please explain. Attach a separate sheet if necessary.

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4) Do you have any allergies, including medication allergies? Yes No If yes, please explain.

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5) Do you take any medication regularly? Yes No If yes, what? (Students who anticipate a need for continuing to take certain medications while abroad should consult a physician about taking appropriate supplies for at least the duration of the program.)

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6) Are there any other special needs or considerations of which your Programs Director should be aware? Yes No If yes, please explain.

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7) Mild physical or psychological disorders can become serious under the stresses of culture shock and a new environment. It is important that we be aware of any medical and/or emotional problems, past or current, which might affect you in a foreign study context. Have you ever been treated for such problems? Yes No If yes, please explain. Attach a separate sheet if necessary.

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The answers I have given above are correct, to the best of my knowledge and belief. I understand that it is my responsibility to notify the UR Center for Study Abroad and my Program Director if any of this information changes after I have signed the form.

Student signature _____

Date: _____

Please return this form to Cricket Fegan, Lattimore 408 or to your program director