

CONFIDENTIAL HEALTH & SPECIAL NEEDS FORM

NAME: _____

HOME INSTITUTION (IF NOT UR) _____

WHICH PROGRAM? _____ SUMMER 20____

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

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

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

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

- 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.)

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

- 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.

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 University of Rochester Center for Study Abroad/Modern Languages and Cultures Department and my Program Director if any of this information changes after I have signed the form.

STUDENT SIGNATURE _____

DATE: _____

Please return this form to Lattimore 403