

## UR Confidential Health and Special Needs Form

### Instructions:

This information is intended to make Program Directors/Leaders aware of your specific circumstances so they can accommodate you to the best of their ability or respond during an emergency. Please fill out the answers below to the best of your knowledge and belief. If any of this information changes, it is your responsibility to notify the Program Director/Leader.

#### 1. Health Insurance

You are responsible for maintaining health insurance coverage during your time abroad. Please provide the name of your insurance company, policy number and expiration date.

#### 2. Are you are on a restricted or special diet of any kind?

If yes, give details.

#### 3. Do you believe you are in good enough physical and mental health to participate in the program?

If no, please explain.

#### 4. Do you have any allergies?

If yes, what allergies, including medication and/or food, do you have?

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### **5. Do you take any medication regularly?**

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. Medical and/or psychological conditions**

Mild physical or psychological conditions 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 psychological conditions, past or current, which might affect you in a foreign study context. Have you ever been treated for such conditions? Do you anticipate needing special accommodation? If yes, please explain.

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