



MEDICAL HISTORY FOR STUDY ABROAD

Please have a travel consultation with your doctor to review the information below.

Name: _____ Date: _____

Individuals with a documented medical condition, mental health condition, physical disability, learning disability, or special needs have been considered for participation in international programs under the same guidelines and criteria established for all. Reasonable effort will be made to provide support and accommodation to those in need. If you will request accommodations or medical care while abroad, please provide verification of your need from a medical professional with this form

MEDICAL CONDITIONS: Do you have any medical conditions or allergies or dietary needs requiring special attention (e.g., diabetes, ongoing allergy treatment) **which this study abroad program should be aware of?** YES NO

If yes please specify:

MENTAL HEALTH: Have you ever been, or are you currently, under the care of a mental health professional (e.g., psychologist, psychoanalyst, psychiatrist) for an ongoing condition **which this international program should be aware of?** YES NO

If yes please specify:

INDIVIDUALS WITH A DOCUMENTED DISABILITY OR SPECIAL NEED: I anticipate requesting accommodation for a disability or special need while studying abroad: YES NO

If yes please specify:

I certify that the information supplied on this form is true and correct. I also give my permission for this information to be distributed to the staff of this international program.

Signature

Date

If you fail to disclose information pertinent to this form, Saint Francis University will not be held responsible for any consequences of the failure to disclose said information. **REMINDER:** If you will request accommodations or medical care while abroad, please provide verification from a medical official with this form. **It is your responsibility to provide documentation well in advance of departure for this trip.**