

## MEDICAL SELF-ASSESSMENT

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Student Name

Study Abroad Term

Study Abroad Program & Site

Because an exchange experience can be both physically and emotionally demanding, we ask that you provide a candid evaluation of your health. A certain amount of stress due to culture shock or the change in living conditions and facilities is a normal part of the exchange experience. However, in some cases, such stress may aggravate disabilities or illnesses which you have under control at home.

With this form, we hope to create an awareness of any health issues that you should take into consideration before going abroad. This information will be used primarily to guide us in making appropriate arrangements for you as a study abroad participant. The information may also be forwarded to the study abroad coordinator at your host institution or to the program leader of a Faculty-Led Study Abroad Program.

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**Instructions:** Please read each question below and answer either YES or NO by checking the appropriate box.

**If you answer YES to any of the questions, please give an explanation below the question.**

- 1) Do you have any pre-existing conditions? YES  NO
- 2) Do you currently receive any treatments or medications on a regular basis? YES  NO
- 3) Do you have any dietary restrictions? YES  NO
- 4) Do you have any allergies to medication, plants, food, animals, insect stings, etc.? YES  NO
- 5) Do you have any physical limitations or disabilities? YES  NO
- 6) Have you ever had a major illness? YES  NO
- 7) Have you ever had a major surgical operation or been advised to have one? YES  NO
- 8) Have you ever been hospitalized? YES  NO
- 9) Have you ever received treatment for drug or alcohol addiction? YES  NO

10) Have you ever been treated by a psychiatrist, psychoanalyst, or psychologist for any mental, emotional, or nervous disorder? YES  NO

11) Have you ever received treatment in a mental institution? YES  NO

Please list any concerns regarding your health, family history, or other matters that you would like to discuss with a member of the Study Abroad Office staff before you depart:

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*By signing below, I certify that the above information is true to the best of my knowledge. I also agree to the following:*

*I, and my parents or guardians, agree to release and hold harmless the University of Idaho and its employees and agents from any claims arising out of the provision of medical care in my host country.*

*I understand and agree that this form may be released to my host institution, and/or on-site resident directors, program directors, or faculty. I also understand and agree that the University of Idaho is not responsible for any decisions which that institution may make based upon information it receives from any source about my physical condition.*

*In the event of physical or emotional injury or illness, if I am unable to do so myself, I hereby authorize a representative of the University of Idaho, at my expense, to secure any necessary treatment, including administration of anesthetic and surgery, and such medication as may be prescribed. It is further agreed that if my condition so requires, I may be returned to the United States at my expense.*

*If my parents or guardians have not signed this form, I represent and certify that I am not a minor.*

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Signature of Applicant

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Date

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Signature of Parent or Guardian

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Date

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Signature of Parent or Guardian

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Date

Please provide below the name and a daytime telephone number of a parent or guardian who may be contacted in case of an emergency.

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Name

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Daytime phone number

\*Adapted, with permission, from the *International Student Exchange Program (ISEP) Student Medical Form* .