

University of Maine at Farmington ~ Office of International and Exchange Programs

HEALTH & SAFETY INFORMATION QUESTIONNAIRE

This form is to be completed by the participant once accepted on a study abroad program.

NAME _____ BIRTH DATE ____/____/____

UMF ID# _____ GENDER _____

STUDY ABROAD PROGRAM _____

PROGRAM START/END DATES _____

The purpose of this form is to help the Office of International and Exchange Programs to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the Office of International and Exchange Programs be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will be available to the International and Exchange Programs Assistant Director, will remain confidential, and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being.

MEDICAL HISTORY (Use back side for additional explanations)

Yes No

1. Are you generally in good physical condition? (If **no**, please **explain**.)
2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If **yes**, please **explain**.)
3. Do you have any allergies to drugs or foods? (If **yes**, please **explain**.)
4. Are you taking any medications (prescription and/or non-prescription)? (If **yes**, please **explain**.)
5. Have you had any major injuries, surgeries, diseases, or ailments in the past five years? (If **yes**, please **explain** below.)
6. Is there any additional information that would be helpful or necessary for us to know, concerning medical conditions or mental, learning, or physical disabilities that will or may require accommodation during your study abroad experience? If **yes**, please **explain** below.

MEDICAL INSURANCE

Company _____ Policy #: _____

Address/Phone number for claims: _____

My insurance with the above company covers me while abroad? ____ Yes ____ No

I certify that all responses made on this **Health & Safety Information Questionnaire** are true and accurate, and I will notify the Office of International and Exchange Programs of any relevant changes in my health that occur prior to the start of the program or during my time abroad. I have also read the Center for Disease Control information (wwwn.cdc.gov/travel/) on my host country and will receive the suggested immunizations prior to my departure. I further understand that, in the event of an emergency abroad, the Office of International and Exchange Programs reserves the right to notify my parent(s) or guardian(s).

Signature of Participant _____ Date _____