**Landmark College**

**Study Abroad Confidential Personal Health History**

(return to the Office of International Education studyabroad@landmark.edu )

Name: _____ Birthdate: _____

Study Abroad Program(s): _____

You have already been accepted into a Landmark College study abroad program. The information you give here will be provided to your Program Director in order ensure your health & enjoyment on study abroad. You have the choice not to complete this form but must indicate that choice at the end of this document.

A. Have you consulted or been treated by clinics, physicians, or other practitioners within the last two years (other than routine check-ups)? If yes, give details. □ yes □ no

_____

_____

B. Have you ever been hospitalized or had a serious acute illness? If yes, give diagnosis and date. □ yes □ no

_____

_____

C. Do you have any chronic/recurrent illness? Any permanent/chronic injury or physical disability? If yes, give details. □ yes □ no

_____

_____

D. Have you had any allergic reaction to past immunizations, prescriptions, or over-the-counter medicines? If yes, give details. □ yes □ no

_____

_____

E. Do you have a history of asthma or other respiratory ailment? If yes, give details. □ yes □ no

_____

_____

F. Are you currently taking any medications? If yes, list and give details. □ yes □ no

(You need to bring enough medication for the *entire* length of your trip. Bring a copy of your prescription and carry all medication in original containers. NOTE: If you are on stimulant medications you may have difficulty securing more than 30 days of medication. If you are planning to be out of the country for more than 30 days please talk to your prescribing physician immediately.)

_____

_____

G. Do you have any health requirements or dietary restrictions? If yes, explain. □ yes □ no

_____

_____

H. Please check if you have been treated by a psychiatrist, psychologist, drug/alcohol counselor, or other mental health professional for any of the following behavioral health issues in the last two years:

□ Homesickness □ Anger □ Depression □ Anxiety □ Eating problem
□ Bi-polar Disorder □ Substance use disorder □ Other behavioral issue _____

Comment here on all issues that you have checked above and what strategies you have for coping while abroad (feel free to attach additional paper):

_____
_____

I. Please check if you have had:

□ Allergy (please specify)
- □ Hay fever
- □ Bees/wasps
- □ Pet/animal dander
- □ Foods _____
- □ Other_____

□ Eye trouble
□ Hearing loss
□ Bleeding/clotting
□ Cancer/Leukemia
□ Back problems
□ Painful joints
□ Epilepsy (seizures)
□ Recurrent dizziness

□ Immune system problems
□ Anemia
□ Bladder/kidney problems
□ Heart problems
□ Abdominal pain
□ Chronic indigestion/diarrhea
□ Stomach ulcer
□ Severe headaches
□ Impaired use of any limbs

Comment here on all conditions that you have checked above and what strategies you have for coping while abroad (feel free to attach additional paper):

_____
_____
_____

J. Please give us any information about your general fitness & physical/mental health that might impact your experience abroad. In order to ensure your well-being, full disclosure of any health history that could be problematic in a mentally & physically rigorous overseas program is extremely important.

_____
_____
_____

The information that I've provided is accurate and complete. _____
signature date

I am choosing not to answer all or some of the questions asked and understand that this may increase my risks on Study Abroad. _____
signature date

Change of status: You are responsible for notifying your Program Director immediately of any changes in your health history prior to your departure or while on the program.