

Health and Wellness Information

This required form is to be completed by the participant. It is designed to help the international studies office assist you as you prepare for your study abroad experience, and in case of emergency while you are abroad. Nothing you disclose in this form will impact your eligibility to study abroad, and everything will be kept confidential within Sweet Briar College (SBC). Mild physical or psychological conditions can become serious under stress of life while studying abroad. Thus, it is important for SBC to be aware of any conditions, past or present, that might affect you while abroad. If SBC feels that the enclosed information should, for your benefit, be shared with your host institution or program provider, the director of international studies will contact you. It is your choice to disclose any information to your host institution or program provider. We will never ask you to disclose any information that you do not feel comfortable sharing.

Additionally, if you currently work with the Academic Resource Center because of a learning disability and wish to pursue a request for academic accommodations abroad, please make sure to indicate that in this form.

If you have specific concerns about health conditions you may have while abroad, please contact the director of international studies and your healthcare provider as soon as possible. Study abroad sites may not be able to accommodate all reported individual needs or circumstances. However, if you do not report a health condition, our ability to assist in case of an emergency may be compromised. SBC strongly recommends that you have a physical exam, consult with your health care provider about immunizations, and have a dental check-up prior to departure.

Name: _____ Date of Birth: _____ Term: _____

1. Have you ever been or are you currently being treated for a physical health condition?
No: _____ Yes: _____ If yes, please explain: _____

2. Have you ever been or are you currently being treated for a mental health condition (psychological or emotional)?
No: _____ Yes: _____ If yes, please explain: _____

3. Do you have any allergies?
No: _____ Yes: _____ If yes, please explain: _____

4. Are you taking any prescription and/or over-the-counter medications?
No: _____ Yes: _____ If yes, please explain: _____

5. Have you had any major injuries, diseases or ailments in the past five years?
No: _____ Yes: _____ If yes, please explain: _____

6. Are you on a special diet (i.e. vegan, diabetic, gluten-free)?
No: _____ Yes: _____ If yes, please explain: _____

7. Will you need academic accommodations at your host institution?
No: _____ Yes: _____ If yes, please explain the type of accommodations you require: _____

8. Is there any additional information you would like to share?
No: _____ Yes: _____ If yes, please explain: _____

I certify that all responses on this form are true and accurate, and I will notify the international studies office of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant: _____ Date: _____