

**Saint Mary's College
Health & Wellness Disclosure Form for International Study Participants**

Students participating in international study programs needs to consider that the health care to which they have access in the United States may not be available in their destination for study or throughout those areas in which they plan to travel. The other consideration is linguistic difficulties that may be encountered. Because of this, students are urged to talk in detail with their health care providers and their family regarding the management of any health care difficulties that may arise while they are overseas and to inform fully the international study programs of potential needs.

Survey of Health & Wellness Information:

I. Physical Health Conditions

Do you have any existing medical conditions, or have you had any major injuries, diseases or ailment that you sought treatment for in the past 5 years?

No _____ **Yes** _____ (If yes, please explain)

Pre-Existing Conditions

- Heart problems
- High Blood Pressure
- Diabetes
- Asthma
- Epilepsy
- Cancer
- Migraine headaches
- Other, please explain _____

Physical Disabilities

Do you have any physical disabilities which might cause hardship through change in climate, carrying your luggage, climbing stairs, or strenuous travel?

Please explain:

II. Mental Health Conditions

Are you currently receiving, or have you received in the past two years, counseling or mental health supervision and treatment for a psychological or emotional disturbance?

No _____ **Yes** _____ (If yes, please explain)

- Emotional issue
- Anxiety
- Depression
- Drug addiction
- Alcoholism
- Psychiatric condition
- Eating disorder
- Other, please explain _____

Comments:

III. Prescriptions Currently Taking

Are you currently taking any prescription medications?

**Please be sure to bring a copy of doctor's prescription with any medications that you are carrying.*

No _____ **Yes** _____ (If yes, please explain)

Please list your current medications: prescription and over the counter.

IV. Academic Disabilities

Do you have any documented academic disabilities?

No _____ **Yes** _____ (If yes, please explain)

Academic Disability

- ADD/ADHD
- Dyslexia
- Aphasia
- Central Auditory Processing Disorders
- Other, please explain _____

Please explain any special arrangements needed:

V. Allergies

Do you have any known food or medical allergies?

No _____ **Yes** _____ (If yes, please explain)

Allergies to Food

- Milk Products
- Eggs
- Wheat
- Soy
- Nuts (peanuts, walnuts, almonds, etc.)
- Shellfish (shrimp, lobster, etc.)
- Fish
- Other, please explain _____

Allergies to Medicine

- Penicillin
- Sulfa drugs
- Barbiturates
- Insulin
- Local anesthetics
- Iodine
- Antibiotics
- Ibuprofen
- Other, please explain _____

VI. Dietary Preference

Do you have any dietary restrictions?

No _____ **Yes** _____ **(If yes, please explain)**

Dietary Preference

- Vegetarian
- Vegan
- Kosher
- Other, please explain _____

Comments:

VII. Additional Health & Wellness Concerns

To your knowledge, do you have any predisposing medical, physical, or emotional factors which would be helpful for the program to be aware of during your study abroad experience?

No _____ **Yes** _____ **(If yes, please explain)**

Please explain:

For those students with on-going health conditions (physical as well as mental) which require medication or treatment you are encouraged to do the following:

- 1) Ask your health care providers to send specific information to your program's faculty coordinator advising them of your health conditions and the care that you will need. Work with them to make arrangements to access services overseas including discussion of care providers available and costs of services.
- 2) Contact your health insurance plan to determine eligibility for coverage when international.
- 3) Determine with your health care providers your plans to obtain medication. Do not assume that the exact same medications will be available internationally as are available in the United States. Be sure you discuss with your Saint Mary's program faculty coordinator what is permitted in your international destinations. For example, Ritalin is illegal and unavailable in Italy and Australia.
- 4) Plan to meet with the director of your international program upon arrival. Please be able to discuss your needs, arranging services, medication requirements and the plans you have in place so there is a clear understanding between you and the program administrators.

We want you to have a happy and healthy experience abroad!

In addition to talking with Saint Mary's faculty coordinator and study abroad staff here on campus, please feel free to access the staff of the Women's Health Center and the Counseling Center whose licensed health professionals can assist you in planning for your time of international study.

Confidential Disclosure Agreement

I have read and understand the health & wellness care realities for international study outlined above. I have reviewed my immunization requirements with Saint Mary's **Health and Counseling Center** or my institution's equivalent or my family physician. I will ask my family to read this and assist me in making arrangements for my mental and physical health care needs. I have fully completed the above health care history to the best of my ability and I give my informed consent to disclose the information above to Saint Mary's study abroad faculty coordinators, CWIL staff, and relevant on-site staff members who will hold this in strict confidence. I will let Saint Mary's know of any changes to the information on this form that might occur before my program begins.

Print Student's Name

Signature of Student

Signature of College (or University) Health Center or Family Physician and Date (REQUIRED SIGNATURE)

NOTE: Please CALL the Health and Counseling Center for an appointment by December 1 (for spring term), or May 1 (for summer and fall terms). For semester break programs, this form must be submitted three weeks before the program begins.

Please scan and upload the completed form into your online application account (Questionnaire at the Post-Decision Stage).

Comments