

Please return this form to:

Joan Lund
294 Lincoln Hall
702 South Wright Street
Urbana, IL 61801

Health Information

This form is to be completed by the participant

Student's name: _____ Birth date (write out month): _____

Program: _____ Term: _____

This form will help the Institute for American Universities to facilitate in a situation 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 we 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 remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well being. This information does not affect your admission into the program.

MEDICAL HISTORY (If necessary, please attach another sheet of paper.)

Yes ____ No ____ Are you generally in good physical condition? (If no, please explain.)

Yes ____ No ____ Have you been treated or are you currently being treated for any psychological or emotional problems. (If yes, please explain.)

Yes ____ No ____ Do you have any allergies? (If yes, please explain.)

Yes ____ No ____ Are you taking any medications? (If yes, please explain.)

Yes ____ No ____ Have you had any major injuries, diseases or ailments in the past five years?

Yes ____ No ____ Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

Yes ____ No ____ Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for IAU to know during your study abroad experience? (If yes, please explain.)

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Institute for American Universities of any relevant changes in my health that may occur before departure.

Student: _____ Program: _____ Term: _____
(please print)

Signed: _____ Date: _____