



SELF-CHECK UP INFORMATION FORM

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1. PERSONAL DETAIL

Full Name:

Student Number:

Faculty:

Place and Date of Birth:

Male Female

Current Address:

Contact Number:

E-mail Address:

2. HEALTH INFORMATION

a) Are you generally in good physical condition? *If no, please explain.*

Yes No

b) Please list any allergies you have (including hay fever/environmental allergies, asthma and food allergies) and the type of reaction you have to the allergy:

- c) Do you have a documented disability or any other condition that might require special accommodations? *If yes, please explain the type(s) of assistance you may need overseas.*

Yes No

- d) Have you ever been, or are you currently being, treated for an emotional or psychological condition? *If yes, a note from your counselor or physician is required, and please indicate the type of health care you would like us to attempt to locate at you program site.*

Yes No

- e) Please list any serious illnesses, operations or injuries that you feel could affect your health while abroad.

- f) Please list any medication that you are currently taking (including dosage, generic name and condition prescribed for). This information will be made available to health care professionals overseas in the event of a medical emergency.

g) Is there any additional health information that the International Office and Partnership should be aware of before you study abroad? *If yes, please explain.*

Yes No

3. DECLARATION

I understand that this information will be reviewed by the _____, and may be released to my study abroad program in order to try to arrange reasonable accommodations, continuing care or other arrangements I have requested. The information provided will be shared only with program staff and faculty on an as needed basis. I grant permission to use this information when health conditions so warrant.

Signature: _____

Date: _____
day/month/year