

Wheaton College
Center for Global Education
Health Information Form

The purpose of this form is to provide important health information to the Center for Global Education in order to assist you should the need arise during your study abroad program. Mild physical or psychological disorders can become serious under the stresses of studying abroad. It is important that the Center for Global Education 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. The Center for Global Education and the program that you are participating in may not be able to accommodate all individual needs or circumstances.

Student Name _____ Birthdate ____/____/____

Wheaton ID# _____ Gender _____ Program _____ Term _____

MEDICAL HISTORY

Yes ___ No ___ 1. Are you generally in good physical condition? (If no, please explain.)

Yes ___ No ___ 2. Have you ever been treated or are you currently receiving counseling for psychological or mental conditions (emotional problems, eating disorders, drug/alcohol, etc...)? (Please explain)

Yes ___ No ___ 3. Do you have any allergies? (Please explain.)

Yes ___ No ___ 4. Are you taking any medications on a regular basis? (Please describe.)

Yes ___ No ___ 5. Have you had any major injuries, surgeries, diseases, or ailments in the past five years? (Please explain.)

Yes ___ No ___ 6. Are you a vegetarian or are you on a restricted diet? (Please explain.)

Yes ___ No ___ 7. Do you have a documented learning disability with Wheaton College? (If yes, please describe your disability and the accommodations you would need during study abroad.) Students should begin working with Marty Bledsoe in Academic Advising to provide their overseas program with the necessary documentation prior to departure.

Yes ___ No ___ 8. Is there any additional information (concerning medical conditions or disabilities) that would be helpful for this office and the program to be aware of during your study abroad experience? (If yes, please explain.) Attach a separate sheet if necessary.

I certify that all responses made on this Health Information Form are true and accurate, and I will notify the Center for Global Education hereafter of any relevant changes in my health that occur prior to the start of my study abroad program. I have also read the Center for Disease Control information (www.cdc.gov/travel/) on my host country and will receive the suggested immunizations prior to my departure.

Signature of Participant _____ Date ____/____/____

Name of Participant _____

If student is under 18, a parent signature is required as well.

Signature of Parent _____ Date ____/____/____