Health Form

All International Exchange Participants

The purpose of this form is to help International Student and Scholar Services staff assist you in preparing for your time in Minnesota. Please answer all questions openly and honestly. While it can be difficult to share health information, timely disclosure allows ISSS staff to support your overseas experience effectively.

Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in an international 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 in a housing placement or academic setting. ISSS staff will do their best to assist you, but may not be able to accommodate all individual needs or circumstances.

This information does not affect your admission into the program.

Participant Name _____ Birthdate _____

Gender ☐ Female ☐ Male ☐ Transgender ☐ Other: _____ ☐ Prefer not to say

Pronouns ☐ She/her ☐ He/his ☐ They/their ☐ Other: _____ ☐ Prefer not to say

Program _____ Term _____

MEDICAL HISTORY	YES	NO
1. Are you currently being treated, or have you been treated, within the past five years for a physical health condition, injury, or disease? (If yes, please explain and include any ongoing treatment.) _____	☐	☐
2. Are you currently being treated, or have you been treated in the last five years, for a mental health condition (e.g., addiction, depression, anxiety, eating disorder, or a condition related to loss or grief)? (If yes, please explain how you plan to manage your treatment while in the U.S.) _____	☐	☐
3. Do you have any allergies? (If yes, please explain and include any ongoing treatment required while in the U.S.) _____	☐	☐
4. Are you taking any medications (prescription, over-the-counter)? (If yes, please explain what the medication is used for, if there are any special storage or administration requirements, and how you plan to continue use while in the U.S.)* _____	☐	☐
5. Are you a vegetarian, or are you on a restricted diet? (If yes, please explain.) _____	☐	☐
6. Do you have any mobility or physical activity restrictions (due to a disability, obesity, or cardiac condition that may require accommodations to fully participate in an exchange program, etc.)? (If yes, please explain.) _____	☐	☐
7. Do you believe you have a health condition or disability (e.g., learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations to fully participate in an exchange program? (If yes, please explain.) _____	☐	☐
8. Do you have a hearing or visual loss that may require reasonable accommodations to fully participate in an exchange program? (If yes, please explain.) _____	☐	☐
9. Is there any additional information that would be helpful for the international office staff to be aware of during your experience in Minnesota? (If yes, please explain.) _____	☐	☐

*The University of Minnesota assumes participants will be managing their own medication dosage as necessary. If you need assistance in this area or have questions, please contact Adriana Castelo at exchanges@umn.edu before submitting this form.

I certify that all responses made on this Health Information form are true and accurate, and I will notify ISSS staff hereafter of any relevant changes in my/my child's health that occur prior to the start of the program. I understand that the international program staff will do its best to accommodate my/my child's needs, though not all accommodations are possible. I understand that it is my/my child's responsibility to plan for my medical needs overseas in consultation with a doctor in my home country. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my/my child's program participation.

_____ _____

Participant Signature *Date*

_____ _____

***AND** Signature of Parent (if participant is under 18)* *Date*