# BROOKLYN COLLEGE STUDY ABROAD
# HEALTH INFORMATION QUESTIONNAIRE

NAME_____BIRTH DATE_____GENDER_____

STUDY ABROAD PROGRAM _____

LOCATION_____FACULTY PROGRAM DIRECTOR_____

The purpose of this form is to help BROOKLYN COLLEGE to be of maximum assistance to you 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 the program 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. BROOKLYN COLLEGE may not be able to accommodate all individual needs or circumstances.

**PLEASE NOTE:** This information does not affect your admission to the program. The nondisclosure of a physical or medical condition may affect our ability to provide assistance relevant to your specific needs abroad.

## <u>MEDICAL HISTORY</u>

1. Please provide details about any major injuries, diseases, or ailments you have had in the past five years.

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2. Do you have any disabilities for which you receive special accommodation at your home campus? If yes, please provide details.

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3. Have you ever been treated or are you currently being treated for any psychological or emotional problems? If yes, please provide details.

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4. Please indicate any known allergies.

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5. Please indicate the names of any medications you are taking.

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6. Please indicate any dietary restrictions you may have.

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7. Please provide any additional information concerning your health/medical condition or needs that may affect your full participation in all aspects of the study abroad program.

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I certify that all responses made on this Health Information Questionnaire are true and accurate. I will notify BROOKLYN COLLEGE hereafter of any relevant changes in my health that may occur prior to the start of the program. I further understand that, in the event of an emergency abroad, BROOKLYN COLLEGE reserves the right to notify my parent(s), guardian, spouse, or designated agent.

SIGNATURE OF PARTICIPANT _____DATE_____

PRINTED PARTICIPANT NAME_____