



Medical Information Form

Instructions to study abroad student:

- Please complete sections I, II and III
- If you answer “Yes” to any questions in Section II, make sure to give details in the space available. If you need more space, attach another sheet.
- If you answer “Yes” to questions 2 or 3 in Section III, the physician who is primarily responsible for your condition will need to complete Section IV. A visit to your physician is not required unless your doctor considers it necessary to update your medical status.

Medical Report Review

An applicant will not be rejected due to either his/her physical or emotional condition unless it is of such nature as to prevent successful participation in the program, unless medical care for a patient’s medical problem is not available in the country in which the applicant will study, and/or the living and environmental conditions to which the applicant could be exposed would present a risk to the health of the individual.

A health record is confidential and accessible only to health personnel and the staff of the study abroad office and the individual program to which the applicant has applied. Information regarding an applicant’s health, however, is important in anticipating and dealing with health problems which may arise during the student’s stay abroad.

Future Medical Problems

Should you develop significant health problems between the time you have completed this form and commencement of the program, which may influence your participation in the program, it is your responsibility to notify the study abroad office at Purdue University. A medical report should accompany this notification



INTERNATIONAL PROGRAMS

Medical Information Form

I. General Information

Name _____ Date of Birth _____ Gender _____

Permanent Address _____

City _____ State _____ Zip Code _____

Study Abroad Program: _____

II. Personal History--to be completed by the student: Have you ever had or do you now have (check yes or no):

	Yes	No		Yes	No
Chicken Pox			Chronic Skin Problems		
Hepatitis			Epilepsy		
Infectious Mononucleosis			Fainting Spells		
Tuberculosis or contact with Tuberculosis			Migraine Headaches		
Malaria			Endocrine Disorder(s)		
Heart Problems			Diabetes Mellitus		
High Blood Pressure			Anemia		
Irregular or Rapid Heart Beat			Anxiety Reactions		
Pain or Pressure in the Chest			Allergies to Medications		
Asthma			Operations(s)		
Significant Allergic Reaction(s)			Serious Accident(s)		
Chronic or Recurrent Gastrointestinal Problems			Physical Disability (please elaborate)		
Kidney Problems			Are you currently taking any medications (list)		
Hernia			Other		

Give details of those items checked "Yes" using the back of this page and adding additional sheets if necessary. Indicate problem, diagnosis if known, and whether recovery has been complete or if still under treatment.

III. Current Medical History

1. Have you been in good health during the past 12 months? Yes _____ No _____
2. Do you have any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant condition which is currently in remission? (Ex. diabetes, heart problems, chronic or recurrent gastrointestinal disorder, seizure disorder, treatment for cancer, bleeding disorder, etc.) Yes _____ No _____
3. Are you currently receiving, or have you received in the past two years, counseling for any emotional problem, drug addiction, alcoholism, psychiatric condition or eating disorder? Yes _____ No _____
4. Do you have any dietary restrictions or food allergies? Yes _____ No _____

*If you answered yes to #2 or #3, the physician primarily responsible for your care must fill out the following Physician's Report Form.

I certify that I have read and understand the Medical Information Form, that all responses made on this Medical Information Form are true and accurate, and that I will notify the study abroad office hereafter of any relevant changes in my health that occur prior to the start of the program.

Signature of Student _____ Date _____

Physician's Report for (student's name): _____

The applicant has indicated a chronic and/or recurrent health problem. You are being asked to evaluate the physical and/or mental health of the above-named applicant for participation in a study abroad program. The availability of medical services in the country(ies) that the applicant will be traveling should be considered. If needed, please use the space below.

Diagnosis _____

Medications and Dosage _____

Stability of condition over the past two years _____

Recommendations for care of this individual _____

Is this individual capable of participating in the program to which he/she is applying? Yes _____ No _____

Signature _____ Telephone: _____

Address: _____



Special Needs Considerations for Students Going Abroad

Programs for Study Abroad and the Adaptive Programs Office are responsible for arranging academic adjustments, auxiliary aids and services for students with special needs while abroad. Arranging appropriate and effective services takes time. In order to provide reasonable accommodations, please complete the following form and return it to your program leader as soon as possible. The information you submit will only be shared on a need-to-know basis with any overseas partner and will otherwise be maintained in a confidential file and not released to any other program, office, or person without your written consent.

I have the following type of disability:

Blind <input type="checkbox"/>	Orthopedic <input type="checkbox"/>	Visually Limited <input type="checkbox"/>	Traumatic Brain Injury <input type="checkbox"/>
Neurological <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Hard of Hearing <input type="checkbox"/>	Emotional/Psychological <input type="checkbox"/>
Deaf <input type="checkbox"/>	Attention Deficit/Hyperactivity <input type="checkbox"/>	Chronic Medical Condition <input type="checkbox"/>	Other <input type="checkbox"/>

I currently receive the following accommodations at Purdue:

Braille Text <input type="checkbox"/>	Sign Language Interpreting <input type="checkbox"/>	Distraction-Limited Testing <input type="checkbox"/>	Large Print Text <input type="checkbox"/>
Oral Interpreting <input type="checkbox"/>	Extended Time on Tests <input type="checkbox"/>	Taped Text/Lectures <input type="checkbox"/>	Verbatim Transcription <input type="checkbox"/>
Notetaking <input type="checkbox"/>	Reader/Scribe Services <input type="checkbox"/>	Assistive Listening Devices <input type="checkbox"/>	Assistive Technology <input type="checkbox"/>
Other <input type="checkbox"/>			

Please describe any other special needs or concerns you have:

(allergies, prescription medication, significant medical conditions, etc)

Please note: It is the student's responsibility to notify the program leader of any disabilities and submit the "Instructor Accommodation Letter" for any services that are requested.

