

UNIVERSITY OF MINNESOTA MORRIS



Health Information

The purpose of this form is to help the GST/ELTAP Office assist you in preparing for your time abroad. Please answer all questions openly and honestly. While it can be difficult to share health information, timely disclosure allows the GST/ELTAP Office to effectively support your overseas 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 in a housing placement or academic setting. The GST/ELTAP Office will do its 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.

To be completed by the participant		
Name	Email	
Program	Year(s)	Term
Medical History		
Yes <input type="checkbox"/> No <input type="checkbox"/>	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.)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Are you currently being treated or have you been treated within the past five years for a mental health condition (e.g., depression, anxiety, eating disorder, or a condition related to loss or grief)? (If yes, please explain how you plan to manage your treatment while overseas.)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Do you have any allergies? (If yes, please explain and include any ongoing treatment while overseas.)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Are you taking any medications (prescription, over-the-counter)? (If yes, please explain and include your plan for continued use while overseas.)	

Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	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 a learning abroad program, etc)? (If yes, please explain and attach relevant documentation.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	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 a learning abroad program? (If yes, please explain and attach relevant documentation.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Do you have a hearing or visual loss that may require reasonable accommodations* to fully participate in a learning abroad program? (If yes, please explain and attach relevant documentation.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain.)

*If yes, please contact Disability Services on your campus—UMM students call 320-589-6163—to determine eligibility of reasonable accommodation and to complete the *Student Accommodation Request Form*. (Attach relevant documentation.)

I certify that all responses made on this Health Information form are true and accurate, and I will notify the GST/ELTAP Office hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that the GST/ELTAP Office will do its best to accommodate my needs, though not all accommodations are possible. I also understand that I cannot expect accommodations for those situations that I have not disclosed.

Applicant Signature _____ Date _____

GST/ELTAP Office

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