



AN HONORS UNIVERSITY IN MARYLAND

Health Information Form

Study Abroad Office
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The purpose of this form is to help the UMBC Study Abroad Office 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 stress of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or present, which may affect you in an international study experience.

The UMBC Study Abroad Office suggests that all study abroad participants evaluate their own medical history and, in consultation with their health care provider(s), determine whether a study abroad program of between two to twelve months is appropriate for them. Disclosure of any conditions, past or current, is voluntary. The information provided will remain confidential and will be shared with program staff, faculty or appropriate professionals only if pertinent to your own wellbeing. This information does not affect your admission or participation status on your study abroad program. Students should be aware that laws regarding access for those with physical disabilities may differ from those in the United States, and that the Study Abroad Office can make no guarantee that all individual needs and circumstances can be met.

Name	Sex	Age
Program	Term Abroad	

Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Have you ever been or are you currently being treated for a physical health condition (If yes, please explain.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Have you ever been or are you currently being treated for a mental health condition? (If yes, please explain.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Do you have any allergies? (If yes, please explain.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Are you currently taking any medications? (If yes, please explain.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)
Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Is there any additional information that would be helpful for the Study Abroad Office to be aware of during your study abroad experience? (If yes, please explain.)

I certify that all responses made on this Health Information Form are true and accurate, and that I will notify the UMBC Study Abroad Office hereafter of any relevant changes to my health that occur prior to the start of the program.

Applicant Signature _____ Date _____

Please continue your answers on additional sheets of paper, if necessary.