

HEALTH & WELLNESS INFORMATION:

Washington College Global Education Office

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This required form is to be completed by the participant and is designed to help the Global Education Office (GEO) be of maximum assistance to you prepare for your study abroad experience, and in case of emergency while you are abroad. Nothing you disclose in this form will impact your eligibility to study abroad, and will be kept confidential within Washington College. Mild physical or psychological conditions can become serious under the stresses of life while studying abroad. Thus, it is important for GEO to be aware of any conditions, past or present, which might affect you while abroad. If the Director of GEO feels that the enclosed information should, for your benefit, be shared with your host institution, the Director will be in contact. The choice to disclose any information to your host institution remains your own. You will never be required to disclose any information that you do not feel comfortable sharing.

Additionally, if you currently work with the Office of Academic Skills and wish to pursue a request for academic accommodations abroad, please make sure to indicate that in this form.

If you have specific concerns about health conditions you may have while abroad, please contact the Director of the Global Education Office and your healthcare provider as soon as possible. Study abroad sites may not be able to accommodate all reported individual needs or circumstances. However, if you do not report a health condition, our ability to assist in case of an emergency may be compromised. GEO strongly recommends that you have a physical exam, consult with your healthcare provider about immunizations, and have a dental check-up prior to departure.

Name: _____ Date of Birth: _____

Gender: Female _____ Male _____ Term: _____

1. Have you ever been or are currently being treated for a physical health condition:
No: _____ Yes: _____ If yes, please explain: _____
_____.
2. Have you ever been or are currently being treated for a mental health condition (psychological or emotional):
No: _____ Yes: _____ If yes, please explain: _____
_____.
3. Do you have any allergies?
No: _____ Yes: _____ If yes, please explain: _____
_____.
4. Are you taking any prescription and/or over the counter medications?
No: _____ Yes: _____ If yes, please explain: _____
_____.
5. Have you had any major injuries, diseases, or ailments in the past five years?
No: _____ Yes: _____ If yes, please explain: _____
_____.
6. Are you on a special diet (i.e. vegan, diabetic, no gluten)?
No: _____ Yes: _____ If yes, please explain: _____
_____.
7. Are you interested in getting assistance with academic accommodations at your host institution?
No: _____ Yes: _____ If yes, please explain the type of accommodations you require:
_____.
8. Is there any additional information that would be helpful for the program to be aware of?
No: _____ Yes: _____ If yes, please explain: _____
_____.

I certify that all responses on this form are true and accurate, and I will notify the Global Education Office of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant: _____ Date: _____