

HEALTH DISCLOSURE FORM

Program _____

Name of student: _____ Date of Birth: _____

Contact in case of emergency: _____
Last Name First Relationship

Street address City State Zip Telephone

An overseas study program can create emotional and physical stress for those not able to meet the demands of living in a new and different environment for extended periods of time. It is in your best interest to give a frank evaluation of your physical health, stamina and emotional stability. We therefore appreciate your cooperation in completing this form and adding any information that you feel is relevant to your participation in the program.

Please note that checking "yes" to any of the following questions will not necessarily prohibit your participation on this program. Checking "yes" may require you to confer with a health practitioner about your suitability for this overseas program. It will also help Portland State University and its overseas counterparts to determine the appropriate accommodations for a successful overseas experience. The information on this form may be shared with on-site program staff to help you manage your health while studying overseas. The staffs at Portland State University's Education Abroad office and our program associates have been directed to maintain confidentiality in all health matters.

1. General state of health: ___excellent ___ good ___fair ___ poor
2. Height _____ Weight _____ Sex _____
3. Please refer to your medical records/history and indicate the years of your immunizations or occurrence of the disease.
Tetanus-Diphtheria: _____ Polio: _____ TB Skin Test: _____ (Positive
 Negative)
MMR (Measles, Mumps, Rubella): _____ Others _____
4. Do you have any dietary restrictions or known food allergies: _____ yes
_____ no
(if yes, please list) _____
5. Are you allergic to any medications? _____ yes
_____ no
(if yes, please list) _____

6. Will you need to take prescribed medication while you are overseas? _____ yes
_____ no
7. Are there any predisposing medical or surgical conditions which may, under the stress of travel, cause problems during your travel abroad program? _____ yes
_____ no
8. Do you have any questions in regard to your health, family history, or other matters which you would like to discuss with a member of PSU's Student Health Services staff before you depart for overseas? _____ yes
_____ no
9. Have you been hospitalized for or had a serious problem with diabetes in the past year? _____ yes
_____ no
10. Have you been treated in the emergency room or hospitalized for asthma in the past year? _____ yes
_____ no
11. Have you experienced a seizure or a loss of consciousness in the past year? _____ yes
_____ no
12. Do you have a serious or chronic health problem requiring on-going care? _____ yes
_____ no
13. Do you have any fractures, arthritis, muscle or joint pain which would limit your motion or activity? _____ yes
_____ no
14. Do you have or have you ever had an eating disorder? _____ yes
_____ no
15. Do you have or have you ever had an alcohol or drug problem? _____ yes
_____ no
16. Have you ever been treated by a psychiatrist, psychoanalyst, psychologist, or similar practitioner for any mental, emotional or nervous disorder? _____ yes
_____ no
17. Do you have a documented disability which may require academic accommodations (e.g., note-takers, taped texts, testing accommodations) or which may require accessible public transportation and housing? _____ yes
_____ no

