



**Saint Mary's  
University**  
*of MINNESOTA*

## **STUDY ABROAD HEALTH INFORMATION FORM**

**NAME** \_\_\_\_\_

The purpose of this form is to help the Study Abroad staff 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 stresses of life while studying abroad. It is important that staff 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. The Study Abroad Program may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

### **MEDICAL HISTORY**

Yes \_\_\_ No \_\_\_ 1. Are you generally in good physical condition? (If no, please explain.)

Yes \_\_\_ No \_\_\_ 2. Have you ever been treated or are you currently being treated for any psychological, emotional or chemical abuse conditions?  
(If yes, please explain.)

Yes \_\_\_ No \_\_\_ 3. Do you have any allergies? (If yes, please explain.)

Yes \_\_\_ No \_\_\_ 4. Are you taking any medications? (If yes, please explain.) If you are, we encourage you to check with your physician to be certain that you can obtain this medication overseas.

Yes \_\_\_ No \_\_\_ 5. Have you had any major injuries, diseases, or illnesses in the past five years?  
(If yes, please explain.)

Yes \_\_\_ No \_\_\_ 6. Do you have any dietary restrictions or considerations (i.e., diabetic, vegetarian, ulcer)? (If yes, please explain.)

Yes \_\_\_ No \_\_\_ 7. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for staff to be aware of during your study abroad experience? (If yes, please explain.)

Please be advised that all students are required to have adequate medical coverage while overseas. Refer to the Insurance Verification Form enclosed for more information.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return all completed application materials to:

Saint Mary's University of Minnesota  
Study Abroad Office  
The International Center, Heights Building  
700 Terrace Heights #51  
Winona, MN 55987-1399  
Phone: (507) 457-6996  
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