

UNH-Managed Study Abroad Health Information Form

In the interest of helping to maintain student's health and safety throughout the study abroad program, please provide the following information.

Student Name (printed): _____

Student ID #: _____ DOB: _____ Age: _____

Destination (city/country): _____

UNH course name & number: _____

Semester/Term abroad: _____ Year: 20____

Are you allergic to any of the following? If yes, please explain.

Insect bites/stings ___ No ___ Yes _____

Medication(s) ___ No ___ Yes _____

Food ___ No ___ Yes _____

Other ___ No ___ Yes _____

Have you been properly immunized for your study abroad destination country? ___ No ___ Yes.

Do you have any dietary restrictions? ___ No ___ Yes. If yes, describe.

Will you bring any drug(s) or medication(s) with you abroad? ___ No ___ Yes. If yes, please include name and description.

Are you using any type of drug or medication for health reasons which may be difficult to acquire or may be illegal in your study abroad destination country? ___ No ___ Yes. If yes, describe.

Are you currently under the care of a healthcare provider? If yes, describe.

Will you require any special needs services or arrangements while abroad? If yes, please explain:

Are there any other comments you would like to make regarding your health?

I hereby certify that all the above information given is true and accurate to the best of my knowledge.

Signature of Student: _____ Date: _____