

**OFFICE OF INTERNATIONAL AFFAIRS HEALTH FORM**  
**This Form is to be completed by the Study Abroad Participant**

**IMPORTANT:** Because an exchange/study abroad experience can be both physically and emotionally demanding, we ask that you provide a candid evaluation of your health. A certain amount of stress due to culture shock or the change in living conditions and facilities is a normal part of the exchange/study abroad experience. However, in some cases, such stress may aggravate disabilities or illnesses that you have under control at home.

With this form, we hope to create an awareness of any health issues that you should take into consideration before going abroad. This information will be used primarily to guide us in making appropriate arrangements for you as a participant in ECU study abroad/student exchange programs. The information may also be forwarded to the coordinator at your host institution or your study abroad program director.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Circle **Yes** or **No**

*(Please attach additional pages or use back of page if more space is required.)*

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

Yes No 2. Have you even been treated or are you currently being treated for any psychological or emotional problems? *(If yes, please explain.)*

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

Yes No 4. Are you taking any medications? *(If yes, please identify the medication and the condition for which it is prescribed.)*

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

Yes No 6. Do you have any pre-existing conditions? *(If yes, please explain.)*

Yes No 7. Are you a vegetarian or on a restricted diet? *(If yes, please explain.)*

Yes No 8. The ADA does not apply outside the United States and ECU is not legally required to provide accommodations to participants studying abroad. Nevertheless, do you have a disability that requires special facilities, equipment or conditions to permit your participation in this study abroad program and about which the Office of International Affairs should be aware? *(If yes, please identify your disability and particular needs, understanding that ECU may not provide an accommodation.)*

Yes No 9. Is there any additional information--medical, physical, emotional, educational--that would be helpful for International Affairs to be aware of during your study abroad experience? *(If yes, please explain.)*

*I certify that all responses made on this form are true and accurate, and I will notify the Office of International Affairs hereafter of any relevant changes that may occur prior to or during my study abroad program.*

*I agree that if I am injured or become ill, ECU or its agents may secure hospitalization and/or medical treatment for me and I agree to pay all expenses related thereto. I further agree that, if I become incapacitated due to illness or accident, I authorize the release of my health information to ECU or its agents so that they may provide me with needed assistance. I further authorize ECU or its agents to release my health information to other persons who may need this information to assist me or to assist others in the program.*

*I and my parents or guardians agree to release and hold harmless ECU and their employees and agents from any claims arising out of their use or disclosure of my health information and the provision of medical care in my host country.*

*I understand and agree that this form may be released to my host institution or the study abroad program director. I also understand and agree that ECU is not responsible for any decisions made overseas, based upon information received from any source about my physical condition.*

*If my parents or guardians have not signed this form, I certify that I am at least eighteen years old.*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_