

Study Abroad Health Assessment Form, Part A: Self-Assessment

REQUIRED FOR ALL STUDENTS

SELF-ASSESSMENT CONSIDERATIONS. Before completing the Self-Assessment Checklist on page 2, please consider the following aspects of well-being abroad. Reflect on your current needs, treatment regimens, and how to meet your needs abroad using various resources.

- **Consult with your Current Provider:** If you have not disclosed your travel plans to your current physician or mental health provider, schedule a consult as soon as possible. Complete this assessment and bring a copy to the appointment. Discuss any special program requirements or unique environmental factors; review these considerations together and discuss actions that you can take to manage your health abroad.
- **Vaccinations & Disease Prevention:** Before completing this form, review travel considerations, prevention strategies, and recommended vaccinations for your destination(s) at [CDC Travelers' Health](#). Visit [McKinley Health Center Travel Consults and Service](#) for information on scheduling travel consults.
- **Routine Care:** Well before travel, consider routine care that you receive or may need while abroad. *The University-approved insurance will **not** pay for routine physical, eye, dental, or similar exams;* those should be completed prior to travel. However, the insurance can often arrange and pay for ongoing medical care for pre-existing conditions while abroad, such as lab work, counseling, and therapy. Reimbursement for such care is limited to \$10,000. Visit [International Safety and Security](#) for more information.
- **Medications (Prescription or Over-the-Counter):** *Do not assume your medications will be available or allowed in your country of travel; U.S. medications may be unlicensed or controlled at the destination.* Plan early if you require routine or prescription medications. Countries also have different rules for carrying medications across borders. Review "[Traveling with Medication](#)" and "[Your Health Abroad](#)" for more information. For questions regarding specific medications at your destination, International Insurance can verify the legality of medications in your destination country and recommend alternatives that you and your treating physician can consider. Visit [International Safety and Security](#) for more information.
- **Reasonable Accommodations.** Students are responsible for requesting any reasonable accommodations required for any disability in an appropriate time frame prior to departure. In order to obtain accommodations support for any disability diagnosis while studying abroad, you must provide the University's Disability Resources & Education Services ("DRES") with appropriate documentation of disability. Requested accommodations may not be available at the overseas location but the University will attempt to provide alternative accommodations when possible. If you do not make disability diagnosis(es) known in a timely manner, the University may delay your participation in the program until reasonable accommodations can be determined. For more information, visit the [DRES-Study Abroad](#) page.
- **Dietary Restrictions / Allergies:** If you have dietary restrictions, and/or food allergies, discuss them with your physician and your study abroad advisor as soon as possible. While accommodation cannot be guaranteed, efforts will be made to support requests received in a timely manner. You can find allergy cards at <https://www.foodallergy.org/resources/food-allergy-chef-cards>. The international insurance can arrange for replacement of epi-pens if used or lost.
- **Health Insurance Abroad:** You are **required** to purchase the University-approved International Travel and Health Insurance. Typically, students are enrolled through program registration; students can also enroll on the International Safety and Security website. Beyond emergent health needs, this insurance can assist with routine care and medications as noted above. You are encouraged to purchase additional coverage for travel before or after your program dates. Visit [International Safety and Security](#) for more information.

SELF-ASSESSMENT CHECKLIST

Please review the five questions below and answer each by checking “Yes” or “No.” This is a private form for you and your health care provider if you consult with one. Answer each question honestly.

1.	Do you have disability diagnoses requiring accommodation? If yes, are you registered with Disability Resources & Educational Services? If you are not registered, please visit www.disability.illinois.edu to apply.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
2.	Do you have any food, drug, animal, or other allergies? If yes, are your symptoms life-threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
3.	Are you on a medically restricted diet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you require, or plan to use, medications while abroad? Do you plan to use vitamins or other supplements while abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
5.	Have you been treated in the last five years, or are you currently being treated, for any of the following conditions? <ul style="list-style-type: none"> • General: Alcohol/Substance abuse, Eating Disorder, Severe Migraine, Immunodeficiency, Seizure Disorder, Anemia or Bleeding Disorder • Respiratory: Asthma, Tuberculosis • Gastrointestinal: Crohn’s Disease, Ulcerative Colitis • Infectious Diseases: HIV/AIDS, Hepatitis • Endocrine: Diabetes • Mental health: Anxiety, Bipolar Disorder, Depression, Obsessive Compulsive Disorder, ADD/ADHD • Other chronic physical or mental health condition(s), to include Cancer or Tumors 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Now, consider your answers to this Self-Assessment in light of the considerations discussed on page 1. If you answered “yes” to any of the questions above, how might those conditions impact your experience abroad? Will you have the resources, support, and accommodations to properly manage your health and well-being? From whom can you seek appropriate guidance for these concerns? Please arrange to discuss these questions with a healthcare professional, a DRES representative, and/or family members.

AFTER REFLECTION, COMPLETE THE STUDY ABROAD HEALTH ASSESSMENT FORM PART B, STATEMENT OF UNDERSTANDING.

KEEP THIS FORM FOR YOUR RECORDS AND SHARE WITH YOUR HEALTH CARE PROVIDER AS NECESSARY.