

Study Abroad Health Assessment Form, Part B: Statement of Understanding

REQUIRED FOR ALL STUDENTS

Student Name: _____

Program: _____

Many students who have a pre-existing or chronic condition successfully study abroad every year. To mitigate potential challenges, students are encouraged to assess their individual needs early in the study abroad planning process and consult with the appropriate resources to plan for any needed accommodations or support. Students must be proactive and advocate for themselves.

I have reviewed the Self-Assessment Considerations and completed the Self-Assessment Checklist (Part A), and I understand that my health and well-being are my responsibility. I understand that a failure to properly assess and/or plan for a condition that significantly impacts or disrupts a program or substantially threatens my well-being or the well-being of others may result in involuntary withdrawal from education abroad. If I am withdrawn for such reasons, I may be responsible for all incurred program costs.

I understand the importance of planning early to identify concerns and make appropriate arrangements or accommodations for my needs.

After assessing my needs, I am confident in my ability to provide for my own health and well-being OR I have/will consult with the appropriate resource (a health care professional; a DRES representative; and/or family members) to seek and arrange support for my needs.

I understand it is important to seek advice from appropriate physicians, counselors, advisers, or other sources. Discussions with physicians or others should:

- Review program location and specific demands that might impact my health, including changes in: climate, elevation, diet, living arrangements, social life, support structure, and study demands.
- Identify how program demands will affect conditions identified in Part A or other possible health issues.
- Review possible accommodations you should make or address with program staff.

If there is a significant change in my health prior to departure which may affect my participation or well-being while abroad, I will re-evaluate my needs and consult with a health care professional, a DRES representative, and/or family members. Submission of this form and any subsequent disclosure of health information does not place any obligations on the University of Illinois or its agents. In an emergency, the University may notify my *emergency contacts listed in the program application.*

Signature: _____

Date: _____

ALL STUDENTS MUST COMPLETE AND UPLOAD STUDY ABROAD HEALTH ASSESSMENT FORM, PART B: STATEMENT OF UNDERSTANDING IN MY STUDY ABROAD