

Health Survey Questions

Introduction

Now that you have been accepted into a study abroad program, you are required to complete this survey, which asks a series of questions about your personal health. The University of Washington strongly encourages you to consult with a healthcare provider before traveling abroad, especially with regard to making plans for your healthcare while abroad.

You will be asked to answer the following questions:

1. Do you have any physical or mobility constraints that might affect your ability to participate in study abroad program activities (e.g. that affect your ability to walk, climb stairs, carry luggage, or sit or stand for long periods)? If yes, please describe the condition, its impact on your daily activities and how you plan to manage it while abroad.
2. Do you have a health condition, (e.g. pregnancy), an injury (e.g. broken bone), or an illness (e.g. diabetes, asthma, seizures) that will require monitoring or continued treatment while abroad? If yes, please describe the condition and your plan for monitoring, treatment and care while abroad.
3. Do you have a mental health condition (e.g. depression, anxiety, addiction, eating disorder, post-traumatic stress disorder) that may require continued treatment or management while abroad? If yes, describe the condition and your plan for treatment or management while abroad.
4. Do you have any dangerous or life threatening allergies that may cause a severe physical reaction(e.g., swelling, difficulty breathing, hives, vomiting)? If yes, please explain and describe any ongoing treatment or special precautions you intend to take while abroad.
5. Are there any prescription medications (e.g. inhaler, anti-depressant, insulin, pain medication, birth control) that you will need to take while you are abroad? If yes, name the medication(s) (brand and generic names) and explain your plan for assuring that you have a continued supply while abroad. **IMPORTANT NOTE:** Generally, you should plan to bring an adequate supply (in the original container) and a prescription from your physician with an explanation of your condition and generic and brand names and dosage information. Please note, however, that some medications available in the U.S. are illegal or prohibited abroad. It is your responsibility to determine what restrictions may exist, if any, with regard to your required prescription medication(s). If you will be abroad long enough to require a prescription refill you will need to make appropriate arrangements. Do not plan on sending medications abroad yourself. For

information about making such arrangements you should contact your primary healthcare and insurance providers.

6. Do you have a disability documented with Disability Resources for Students (DRS) for which you intend to request accommodation while abroad? If yes, have you made a request for accommodation to DRS and either UW Study Abroad or your program director? Has a plan been established? Please explain. If not, you will need to contact DRS and UW Study Abroad to discuss your disability-related request well in advance of the start date of your program.
7. Is there additional information you would like to provide regarding your physical and/or mental health that would be helpful to Study Abroad program staff? If yes, please explain. This may include providing the name of your primary healthcare and/or mental health care provider. Please note, however, that without your written consent, your healthcare or mental health care provider may not be allowed to disclose any of your personal information even in the event of an emergency.

At the end of the survey, you will be asked to affirm the following statements:

8. I certify that the information I have provided in this health survey is correct, complete, and accurate.
9. I acknowledge and agree that providing incorrect, incomplete, or inaccurate information may be a basis for the University to dismiss me from or rescind my acceptance into my study abroad program.
10. I understand and agree that if, while abroad, I develop a medical condition that leads medical professionals, on-site program staff and/or UW Study Abroad staff to consider it necessary to protect my health, safety or well-being, I may be required to leave my study abroad program before its scheduled end date and return home.
11. I acknowledge and agree that the information provided by me in response to this health survey does not create an obligation or a duty on the part of the University of Washington to monitor, provide, obtain, or otherwise arrange medical care on my behalf.
12. I understand it is my responsibility to return to this site and update my health survey information in the event that my health situation changes.