

HEALTH INFORMATION

Name: _____ Birth date: _____ Gender: _____

Off-Campus program: _____ Semester: _____

The purpose of this form is to help Lebanon Valley College be of maximum assistance to you should the need arise during your study abroad experience. Mild physical and psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in an off-campus study context. The information provided will remain confidential and will be shared with LVC staff, host program staff, or your parents only if pertinent to your own well-being. Lebanon Valley College may not be able to accommodate all individual needs or circumstances. **This information does not affect your admission into the program.**

Please answer the following health-related questions:

- Yes ___ No ___ 1. Are you generally in good physical condition? (If no, please explain)
- Yes ___ No ___ 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain)
- Yes ___ No ___ 3. Do you have any allergies? (If yes, please explain)
- Yes ___ No ___ 4. Are you taking any medications? (If yes, please explain)
- Yes ___ No ___ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain)
- Yes ___ No ___ 6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain)
- Yes ___ No ___ 7. Is there any additional information concerning medical conditions or academic accommodations that would be helpful for the program to be aware of during your study off-campus experience? (If yes, please explain)

I certify that all responses made on this Health Information form are true and accurate. I will notify the College hereafter of any relevant changes in my health that occur prior to the start of the program.

Participant Name _____
(Please Print)

Participant Signature _____ Date _____