



## **INTERNATIONAL TRAVEL HEALTH AND SAFETY CLEARANCE PACKET FOR STUDENTS**

### **Health and Safety Questionnaire Completed by Student**

The purpose of this form is to help the University to assist you in preparing for your time abroad. Please answer all questions openly and honestly. While it can be difficult to share health information, timely disclosure allows the University to support your overseas experience effectively. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the University be made aware of any medical or emotional problems, past or current, which might affect you in an international travel context.

The information provided will be protected as private student data under FERPA and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being in a housing placement or academic setting. The University will do its best to assist you, but may not be able to accommodate all individual needs or circumstances. This information does not affect your travel.

Name:

Email:

Program:

### **MEDICAL HISTORY**

**1.** Are you currently being treated, or have you been treated, within the past five years for a physical health condition, injury, or disease?

Yes      No

If yes, please explain any ongoing treatment and indicate whether the condition is congenital

**2.** Are you currently being treated, or have you been treated in the last five years, for a mental health condition (e.g., addiction, depression, anxiety, eating disorder, or a condition related to loss or grief)?

Yes      No

If yes, please explain how you plan to manage your treatment while overseas

**3.** Do you have any allergies?

Yes      No

If yes, please explain and include any ongoing treatment required while overseas.

**4. Are you taking any medications (prescription, over-the-counter)?**

Yes      No

If yes, please explain what the medication is used for and how you plan to continue use while overseas. Please refer to <http://global.umn.edu/travel/health> for information about traveling with medication and managing pre-existing conditions abroad.

**5. Are you a vegetarian, or are you on a restricted diet?**

Yes      No

If yes, please explain.

**6. Do you have any mobility or physical activity restrictions (due to a disability, obesity, or cardiac condition that may require accommodations to fully participate in a study or travel abroad program, etc.)?**

Yes      No

If yes, please explain and attach relevant Disability Resource Center documentation for study or travel abroad. Please contact the Disability Resources Center to determine eligibility for reasonable accommodation.

**7. Do you believe you have a health condition or disability (e.g., learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require a reasonable accommodation to fully participate in a study or travel abroad program?**

Yes      No

If yes, please explain and attach relevant documentation. Please contact the Disability Resources Center to determine eligibility for reasonable accommodation.

**8. Do you have a hearing or visual loss that may require a reasonable accommodation to fully participate in a study or travel abroad program?**

Yes      No

If yes, please explain and attach relevant documentation. Please contact the Disability Resources Center to determine eligibility for reasonable accommodation.

9. Is there any additional information that would be helpful for the University to be aware of during your study or travel abroad experience?

Yes      No

If yes, please explain.

**SAFETY HISTORY**

1. Have you ever been charged and/or convicted of a misdemeanor, gross misdemeanor or felony?

Yes      No

If yes, please explain including date(s), time(s), circumstance(s), and any conditions of your parole or probation.

2. Have you ever been found responsible for a disciplinary violation at the University or another college or university you have attended related to behavioral misconduct (not academic misconduct), which resulted in suspension or expulsion?

Yes      No

If yes, please explain including date(s), time(s) and circumstance(s).

**Medical Treatment Release:**

Although Student understands that, whenever possible, advance consent of Student or Student's family will be sought for necessary emergency treatment. Student agrees that medical psychiatric treatment or surgery may be performed in the event Student is incapacitated or otherwise unable to provide consent to such treatment and, in the opinion of competent medical authorities, the health or welfare of Student will be adversely affected by any delay. Student hereby authorizes the University of Nevada, Reno and the designated representative thereof to grant permission for necessary medical treatment of Student.

**Notification of Changes:**

Student will notify the University of Nevada, Reno of any relevant changes in health, including medications, which occur prior to the start of the travel. Student will also notify the Travel Director of any disciplinary action on campus or misdemeanor, gross misdemeanor, or felony convictions.

**Release of Information:**

Student understands that, in the event of an emergency abroad, the University of Nevada, Reno reserves the right to notify Student's parent(s), guardian or emergency contact designee.

**Certification:**

I certify that I have completed the Health and Safety Questionnaire and read the information contained above. All responses on this form are accurate to the best of my knowledge, and I agree to the terms and conditions specified in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_