Loyola Study Abroad: Health Self Evaluation

Name:_____ **Study Abroad Program:**_____
Term:_____

TO BE COMPLETED BY THE STUDENT: Please complete and sign this form.

Gender: M____ F_____
Do you hold religious beliefs that might impact the provision of emergency medical treatment while you are abroad?
YES_____ NO____ If yes, give details_____
Are you required to wear a health emergency bracelet? YES_____ NO_____
If yes, for what condition? _____

Have you had or do you currently have any of the following conditions? Please mark all that apply, specifying the date, whether past or current. If yes, please detail information. Attach additional sheets if necessary.

Medical Condition	Past Date	Current	If yes, please detail information and any treatment which may be needed while you are abroad.
1. Alcohol/Drug addiction	_____	_____	_____
2. Allergies	_____	_____	_____
3. Asthma	_____	_____	_____
4. Cancer	_____	_____	_____
5. Chronic Condition	_____	_____	_____
6. Diabetes	_____	_____	_____
7. Eating Disorder	_____	_____	_____
8. Epilepsy/Seizure Disorder	_____	_____	_____
9. Frequent Trouble Sleeping	_____	_____	_____
10. Heart Disease	_____	_____	_____
11. Hypoglycemia	_____	_____	_____
12. Painful shoulder, knee or back	_____	_____	_____
13. Thyroid Condition	_____	_____	_____
14. Other:_____	_____	_____	_____

Have you had any injuries, which have required hospital/ER attention? (i.e.: major accident, etc.) YES____ NO____
If yes, **when** and for **what**? _____
Have you ever been hospitalized? YES____ NO____ If yes, **when** and for **what**? _____
Have you had any surgical procedures? YES ___ NO___ If yes, **when** and for **what**? _____
What is your condition as a result of the surgery? _____
Are you currently taking any medications? _YES___ NO___ If yes, **which medications** and for **what**?_____

_____

Have you ever been treated for any psychological/emotional problems? YES___ NO___ If yes, **list dates**:_____
If yes, please describe the nature of the problem:_____
Did your treatment require medication? YES ___ NO___ If yes, please **list medications**:_____
Current Status:_____

If you require accommodations -academic or otherwise- for your study abroad program, please contact Services for Student's with Disabilities (SSWD) at Loyola University Chicago. Contact information: (Ph) 773-508-7714; (Fax) 773-508-3810.

In signing this document, I verify that all of the medical and psychological information I have provided is accurate and complete, and I will notify Loyola hereafter of any relevant changes in my health that occur prior to the start of the program.

Student Signature _____ **Date** _____

Please Fill Out Emergency Contact Information

List two emergency contacts for while you are abroad:

1) Contact's Name:_____

Relationship to You:_____

Contact's Phone Number:_____

Address:_____

Email:_____

2) Contact's Name:_____

Relationship to You:_____

Contact's Phone Number:_____

Address:_____

Email:_____