



## Study Abroad Student Health Acknowledgement Form

### REQUIRED FOR ALL STUDENTS

- ☐ **Consult with Your Health Provider:** Consider disclosing your travel plans to your current physician AND mental health provider. You should schedule a consultation as soon as possible. Discuss any special program requirements or unique environmental factors; review these considerations together and discuss actions that you can take to manage your health abroad.
- ☐ **Vaccinations & Disease Prevention:** Before completing this form, review travel considerations, prevention strategies, and recommended vaccinations for your destination(s) at CDC Travelers' Health. General travel consults are available at UNA's Health Clinic and vaccination options.
- ☐ **Reasonable Accommodations:** Students are responsible for requesting any reasonable accommodation required for any disability in an appropriate time frame prior to departure. To obtain accommodations support for any disability diagnosis while studying abroad, you must provide UNA DSS with appropriate documentation of disability. Requested accommodations may not be available at the overseas location but the University will attempt to provide alternative accommodations when possible. If you do not make disability diagnosis(es) known in a timely manner, the University may delay your participation in the program until reasonable accommodations can be determined. For more information, contact [dss@una.edu](mailto:dss@una.edu)
- ☐ **Medications (Prescription or Over the Counter):** Not all medications are available or allowed in your country of travel; U.S. medications may be unlicensed or controlled at the destination. Plan early if you require routine or prescription medications. Consider taking a supply of necessary or wanted medications (i.e. allergy, cold medicine, required prescriptions, etc.) Review "[Traveling with Medication](#)" and "[Your Health Abroad](#)" to make sure your prescription is allowed in your travel destination(s). For questions regarding specific medications at your destination, International Insurance can verify the legality of medications in your destination country and recommend alternatives that



you and your treating physician can consider. Visit [International Safety and Security](#) for more information.

- ☐ **Dietary Restrictions / Allergies:** If you have dietary restrictions, and/or food allergies, **especially if they are life-threatening**, discuss them with your physician **AND** your study abroad advisor/faculty trip leader as soon as possible. While accommodation cannot be guaranteed, efforts will be made to support requests received in a timely manner. It is the student's responsibility to be prepared abroad for these encounters and inform necessary parties. Consider carrying an allergy card on you and having epi-pens for travel. Consider letting travel companions know in case of emergency.
- ☐ **Routine Care:** Consider scheduling routine care that you receive or may need while abroad 2-4 months before your trip if possible. Carry digital copies on your phone of eye prescriptions in case of emergency. The University-approved insurance will not pay for routine physical, eye, dental, or similar exams; **those should be completed prior to travel**. Make sure to bring a supply of contact lenses, solution, required dental care, and anything else needed for routine care with you.
- ☐ **Health Insurance Abroad:** You are required to purchase the University-approved International Travel and Health Insurance. Knowledge of what it covers is the student's responsibility to review and determine if they want additional coverage through the University insurance company or their own insurance of choice.

*I acknowledge I have read the above information and am responsible for my health abroad and taking appropriate action to ensure my personal health and well-being. Failure to take action could mean serious health consequences should anything occur. I realize it is my responsibility to speak on my behalf regarding allergy/health concerns while traveling abroad.*

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(Signature of Student)

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(Date: mm/dd/year)

*\*\*Adapted from University of Illinois Study Abroad Health Assessment Form.*