



UMW Study Abroad Program Participant Semester and Independent Traveler Medical Information Form

Please complete this form and return it to your Study Abroad Coordinator. The information contained in this form will only be shared on a need-to-know basis in the event of a medical situation. You are HIGHLY encouraged to disclose any and all information that would be useful in an emergency.

Name: _____ Program: _____

Term of Study Abroad: _____

Please initial and date one of the boxes below.

_____ **Yes**, I opt to self-disclose medical information to CIE that could be used in a medical or emergency situation.

_____ **No**, I opt out of self-disclosing medical information to CIE that could be used in a medical or emergency situation.

1. Medical Condition Requiring Professional Treatment

Do you have, or have you had, any medical condition (physical or psychological) for which you have sought professional treatment? If yes, please explain.

2. Are you currently taking or receiving any medication and/or treatments?

If yes, provide the names and dosages for any current medications and/or treatments you receive. Examples include, but are not limited to, those that are prescribed and non-prescribed such as asthma treatments, birth control, gender re-assignment treatments, and mood altering medications.

3. Allergies

Do you have allergies to medication, food (peanuts, gluten, etc.), insects or other substances? If yes, please explain the allergies and reactions. Indicate if you carry an EpiPen.

4. Do you have any dietary restrictions (e.g. vegan, kosher, etc.) or religious requirements?

If yes, please explain. Note: not all dietary restrictions can be accommodated while on the program though providers will do their best.

5. Are you registered with the University of Mary Washington Office of Disability Resources?

Accommodations Request

Do you have any conditions (including physical or learning disabilities) that might restrict your mobility or require accommodations/services (e.g. instructional aids, lodging on first floor, etc.) while abroad?

If yes, please explain how those impact you as a student and the type of accommodations/services you are requesting.

6. Do you have other needs or concerns that you wish to discuss in order to facilitate support?

If yes, please explain anything you wish to discuss with your study abroad coordinator in order to facilitate support in the event of an emergency.

UMW Resources

Talley Center for Counseling Services	540-654-1053
Office of Disability Resources	540-654-1266
Student Health Center	540-654-1040
Office of Title IX	540-654-1166
Center for International Education	540-654-1434