



Office of Study Abroad
Center for Global Education

Newcomb-Tulane College

STUDENT HEALTH INFORMATION FOR STUDY ABROAD PARTICIPATION

Student Name _____

Date _____

The information provided by you below will enable OSA to provide appropriate counseling and support services for a successful and rewarding study abroad experience and will not eliminate you from program participation. Please PRINT your answers clearly. You may write on the back of this form.

1) Please describe any difficulty you may have had in adjusting to a new situation in the last four years.

2) a) Please list any known allergies.

- b) Can you live in a house with pets? YES NO
- c) Can you live in a house with carpet? YES NO
- d) Can you live in a house with smokers? YES NO

3) Please indicate any medical or psychology conditions for which for which you are currently being treated including eating disorders.

4) Please list all prescriptive medications that you use on an ongoing basis.

5) Please indicate dietary restrictions _____

- 6) a) Do you have a documented disability YES NO
- b) Have you needed any special accommodations at Tulane? YES NO
- c) Do you need special accommodations during your study abroad experience? YES NO

If you have answered yes to any of the preceding questions, please provide details:

NOTE: If medical or other treatment is expected to continue during your study abroad experience, please remember to pack necessary information, written prescriptions and necessary medicines. Mailing prescriptions medicine overseas can be both costly and unreliable. If you should need to do so, please contact OSA and/or the foreign institution contact for further information.

Any changes in the above information should be communicated to OSA **before** departing on your study abroad program.