**Student Medical Questionnaire**

**Name:**
Institution:
Program Name:
Program Dates and Location:

**If you mark *Yes* to any question below, please provide an explanation in the space provided.**

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Do you have any present medical problems?
❍Yes
❍No
If yes, please explain.

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Are you under the regular care of a physician, mental health provider, or other medical health provider?
❍Yes
❍No
If yes, please explain.

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Does your health prevent or restrict you from participating in any physical activities?
❍Yes
❍No
If yes, please explain.

Do you have any mobility challenges?
❍Yes
❍No
If yes, please explain.

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Are you taking any prescription medications regularly?
❍Yes
❍No
If yes, please explain.

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Have you been hospitalized in the past five years?
❍Yes
❍No
If yes, please explain.

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Do you have any allergies or reactions to any medications, foods, insects or other agents?
❍Yes
❍No
If yes, please explain.

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Please check all that apply:

- ❍Heart disease
- ❍High blood pressure
- ❍Asthma/lung disease
- ❍Stomach/Intestinal problems
- ❍Foot, leg or back problems
- ❍Vision/hearing impairment
- ❍Diabetes
- ❍Hepatitis
- ❍Arthritis
- ❍Altitude sickness
- ❍Eating disorder
- ❍Sleep disorder
- ❍Epilepsy/seizure disorder
- ❍Mental illness
- ❍None

Please explain any condition that you marked above:

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Do you have any special dietary needs (vegetarian, gluten-free, etc.)?
❍Yes
❍No
If yes, please explain.

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Do you require any special support because of a learning disability? If yes, please explain. You will need to supply CIEE with documentation detailing the special support received at your home university.

Do you have a disability (hearing, ADHD, etc…) for which you receive accommodations at your home university? If yes, please explain. You will need to supply CIEE with documentation detailing the special support received at your home university.

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Please provide any other medical information that should be made known to CIEE for your health and safety during the program.

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*I hereby certify to CIEE that I am solely responsible for my medical, psychological and physical condition during the duration of the program with CIEE. I am unaware of any medical, psychological or physical problems that would, in any way, impair my ability to participate in this program. Should any medical, psychological or physical problems arise during the course of the program with CIEE, I am solely responsible for obtaining any and all medical, psychological and physical care that I may need. I am solely responsible for paying for the costs and expenses of any such care. I am solely responsible for having adequate insurance coverage for any such care, including, but not limited to, adequate insurance coverage for the costs and expenses of trip cancellation, evacuation, baggage loss or damage, trip interruption, travel accident/sickness, and medical care. If any medical, psychological or physical condition changes after the date of the signing of this form, I am solely responsible to promptly notify CIEE of such changes in writing as soon as I am aware of said changes.*

*I certify that all statements made above are true and correct.*

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Signature of Student

_____

Date