



# HEALTH AND WELLNESS INFORMATION

## University of Wisconsin-Madison, International Academic Programs

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Tel: 608-265-6329 Fax: 608-262-6998

*Please return this form with your exchange application.*

This required form is to be completed by the participant and is designed to help International Academic Programs (IAP) be of maximum assistance to you during your study abroad experience should the need arise. Mild physical or psychological conditions can become serious under the stresses of life while studying abroad. Thus, it is important that the program be made aware of any medical or emotional conditions, past or current, which might affect you in a foreign study context. The information provided on this form will be shared only with appropriate persons affiliated with your specific program and does not affect your admission into the program.

If you have any concerns about health conditions you may have while abroad, contact your IAP Exchange Coordinator and your healthcare provider as soon as possible. IAP will direct you to more specific sources of information about support services you can expect to find in Madison. Study abroad sites may not be able to accommodate all reported individual needs or circumstances. However, if you do not report a health condition, our ability to assist you in case of an emergency may be compromised.

IAP exchange student applications are not required to have a physical exam before coming to Madison. IAP strongly recommends that you have a physical exam, consult with your healthcare provider about immunizations and have a dental check up before departure. Consult your Exchange Student Handbook for additional health information.

**NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **GENDER** \_\_\_\_\_  
*Month/Date/Year*

**HOME UNIVERSITY** \_\_\_\_\_ **TERM** \_\_\_\_\_

Yes \_\_\_ No\_\_\_ 1. Have you ever been or are you currently being treated for a physical health condition? (If yes, please explain.)

Yes \_\_\_ No\_\_\_ 2. Have you ever been or are you currently being treated for a mental health condition (psychological or emotional)? (If yes, please explain.)

Yes \_\_\_ No\_\_\_ 3. Do you have any allergies? (If yes, please explain.)

Yes \_\_\_ No\_\_\_ 4. Are you taking any medications? (If yes, please explain.)

Yes \_\_\_ No\_\_\_ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)

Yes \_\_\_ No\_\_\_ 6. Are you on a special diet (vegan, diabetic, vegetarian, etc.)? (If yes, please explain.)

Yes \_\_\_ No\_\_\_ 7. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain on the back of this form.)

*I certify that all responses on this form are true and accurate, and I will notify International Academic Programs of any relevant changes in my health that occur prior to the start of the program.*

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_ ,  
20\_\_\_\_