

Office for International Study

Health and Disability Management Plan (Confidential)

Nar	ne: Term(s) abroad: PLEASE PRINT CAREFULLY	
Pro	gram/University: Country:	
initi	Office for International Study works with students to support their successful participation on programs abroad. This for ates a conversation between the student and the Assistant Dean for International Study, about the challenges a student may ng her study abroad experience.	
you	lying abroad causes normal stress that can exacerbate existing physical or emotional conditions. Disclosing information are current condition(s), your management plans and how you intend to manage your condition(s) while abroad will help us take sure your needs are met.	
you	ar study abroad approval status will not be affected by the information you share. Since the information included on this forms, it will be returned to you once it has been reviewed by the Assistant Dean for International Study. Please contact us if yold like assistance with developing your Health and Disability Management Plan.	
you	use answer the following questions as completely and accurately as possible. Use extra paper if needed. If you would like ranswers directly on this form please send an email to: Lisa Johnson (ldjohnso@smith.edu) and she will send you an elect y as an attachment. Please return this form in an envelope to maintain confidentiality.	
PAI	T A – Health Management Plan	
1.	Do you have a serious acute illness? If yes, please describe how you manage and function with this condition.	
2.	Do you have any chronic/recurrent illness? If yes, please describe how you manage and function with this condition.	
3.	As mentioned earlier, traveling to a new country might exacerbate a pre-existing condition due to a change in environment otherwise. Do you have a history of asthma or any other respiratory ailment? If yes, give details.	ent or
4.	In some countries medications are not readily available or are strictly regulated. Are you currently taking any medication List and give details.	ons?
5.	Do you have any health requirements or dietary restrictions based upon religion? Explain.	
6.	Are you currently receiving on-going medical treatment for any condition, such as antigen/immunotherapy injections or prescription medication for an allergy? What are your plans for continuing this abroad?	

7.	Do you have any dietary restrictions, eating disorders (anorexia, bulimia), food allergies or other food-related restrictions or illness? How do you manage this aspect of your health? How do you plan to manage this aspect of your health while you're abroad?
8.	Are you allergic to anything else (ie: medications, bee stings, dust, mold, etc.)? If so, what are you plans for managing this condition abroad?
9.	In some countries vaccines are required for entry (for example Yellow Fever in most African countries) or recommended for extended stays (ie: malaria prophylaxis). Have you had any allergic reactions to immunizations? Explain.
10.	On most study abroad programs students are expected to be able to carry their own luggage, participate in strenuous travel (such as overnight flights or train rides) and almost always involve a change of diet. a) Has your physical activity been restricted in any way during the past five years? b) If so, would it prevent you from participating fully in a study abroad program?
	c) Do you have a physical disability or condition in which you might need assistance?
11.	Have you been treated by and/or will you need to have access to a psychiatrist, clinical psychologist, drug/alcohol counselor, or other mental health professional? If so, please describe the type of support you have received and/or will need.
12.	Is there any other information that you would like to include in your Health Management plan for going abroad?
PAR	RT B – Disability and Accommodations
1.	University and living facilities in other countries may not meet American standards of accessibility for persons with physical or learning disabilities. Do you have a disability for which you will need accommodation while abroad (such as physical, learning, visual, psychological, communication, etc.)? Please describe the type of accommodation you will need.
- -	
- Γhe at	nswers and information I have given on this form and any attachments are complete and accurate to the best of my knowledge.
igna	tureDate