

ADDITIONAL HEALTH CONDITIONS

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, significant injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your participation in this program?

Yes No

If yes, you are advised to consult with your health care provider. Please supply an explanation below:

Condition(s)

How often do you have symptoms?

Plan for managing this condition while traveling:

DISABILITIES

Are you registered with the UNH Disabilities Office? Yes No

(If yes, please discuss your plans to study abroad with your disability counselor so you might increase your options abroad.)

Do you have a disability that will require accommodations while abroad? Yes No

(If yes, you must register with the Disability Services Office (DSO) and meet with the DSO staff. This must be done in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability or request accommodations in a timely manner, UNH may not be able to assess and accommodate your needs.) More time, ideally one year in advance of your departure, is needed for more significant accommodation requests.

HEALTH AND EMERGENCY AGREEMENT

I authorize the release of information contained in this *Student Health/Emergency Treatment Authorization* form for access and review by the UNH Center for Experiential Education Office staff, UNH Risk Assessment Officer, UNH Campus Police, the appropriate health professionals in the Health Center and Disability Services Office, and the insurance provider. I understand this form will be kept at the UNH Campus Police during the experience abroad.

I understand that if I have not turned in this form in a timely manner, there may be insufficient time for the UNH Health Center to review this information. If further medical information is required, I understand that I will be contacted by a UNH health care professional who will ask for a specific release to my treating health care professional(s), and/or clarify medical information with me directly. I understand that if this information is pertinent to my health and safety abroad, it may be discussed in a confidential manner with the Center for Experiential Education International program coordinator, the program leader, and the host institution’s resident director, and I will be informed of this communication.

In the event that I need emergency medical care, hospitalization, or surgery while participating in the program, I authorize the University of New Haven, through its representatives, to secure any necessary treatment. In some cases, access to medical care may be more than 24 hours away and services may be limited. If coverage is not provided through the Study Abroad insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse University of New Haven or its representatives for any expenses that they might incur on account of my condition or treatment. In the event of any emergency abroad, the University of New Haven may notify my emergency contacts listed on the Experience Abroad Application.

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will complete and submit an updated *Student Health/Emergency Treatment Authorization*. I understand that if I withhold information on this form I could be withdrawn from the program. If I am sent home for reasons related to withheld information, I will be responsible for all incurred costs. I understand that participation in this experience abroad program is contingent on receipt by the UNH Bursars Office of this completed and signed form.

Participant Signature: _____ Date: _____

If you have any questions regarding medical problems, immunization requirements, or other health issues, call the UNH Health Center at 203 932 7079 at least 25 days prior to departure.