



University of Wisconsin-Madison Affiliated International Travel HEALTH & WELLNESS INFORMATION FORM

This form is to be completed prior to your travel. It is designed to 1) provide you with information about steps you can take to prepare for international travel and 2) help UW-Madison staff members be of maximum assistance during an emergency situation. Mild physical or psychological conditions may become more serious under the stresses of life while abroad. While it is important the program is aware of any medical or emotional conditions, past or current, which might affect you during your travel, the University is not responsible for assuring your medical well-being and safety while abroad. The information provided on this form will be shared only with appropriate persons and does not affect your admission into any program or scheduled travel.

Recommended steps to prepare for international travel:

1. Consult with your personal medical and/or mental health provider for pre-travel planning, especially if you have any ongoing conditions. Work with your provider to develop plans in the event any conditions worsen. Make arrangements for any prescription medications, medical supplies, and medical care you will need. A physical examination and clearance by a medical provider may be required by certain countries for entry into the country or to be granted a visa.
2. Visit a specialized travel medicine provider and receive required or recommended preventive immunizations and medications (such as malaria prophylaxis or for traveler's diarrhea) for your area of travel. Make these arrangements as quickly as possible once travel is planned as many needed immunizations should be initiated several weeks before travel. In the event a travel health provider is unavailable, participants should seek travel advice from their personal health care provider.
3. Have recent dental check-up and address any potential problems.
4. Educate yourself about health and safety in your travel destination. Information is available through your program organizer or at www.internationaltravel.wisc.edu.
5. Be enrolled in Cultural Insurance Services International (CISI) Health Insurance as required by the Board of Regents for University of Wisconsin students studying/traveling abroad under a UW sponsored program. Students should also check with their personal health insurance provider for more information about obtaining needed prescriptions in advance, payment for travel vaccines and medications, and coverage while abroad. More information is available at http://www.bussvc.wisc.edu/risk_mgt/study_abroad.html.
6. **Complete and return the UW-Madison Health Information Form.** The ability of UW-Madison program organizers to assist you in case of an emergency may be compromised if you do not report a medical or mental health condition during the planning process.

If you have any concerns about the specific health and safety risks you may encounter while abroad, contact your program organizers as soon as possible. They will direct you to more specific sources of information about which local support services you can reasonably expect to find while out of the country. Some study abroad sites may not be able to accommodate all reported individual needs or circumstances.

NAME _____ BIRTHDATE _____ GENDER _____

STUDENT ID _____ E-MAIL _____

PROGRAM _____ DATES _____

1. Do you have a current or past medical problem in the following areas?

- | | | |
|---|--|---|
| <input type="checkbox"/> Severe Allergic Reaction | <input type="checkbox"/> Severe or disabling headaches | <input type="checkbox"/> Special dietary needs (gluten-free, dairy-free, vegetarian, vegan) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gastrointestinal disease | <input type="checkbox"/> Exercise or movement limitations |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Abnormal Heart Rhythm | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weakened Immune System | <input type="checkbox"/> Other mental health conditions |
| <input type="checkbox"/> Bleeding or other blood disease | <input type="checkbox"/> History of kidney stones | |
| <input type="checkbox"/> Chronic use of blood thinning medication | <input type="checkbox"/> Decreased kidney function | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Current pregnancy | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Thyroid problems | |
| <input type="checkbox"/> Any other medical condition for which you take medication regularly or are/were under regular care. Please describe. | | |

2. If you have answered yes to any of the areas above, please explain. Describe any ongoing treatment, limitations/restrictions or emergency actions which will/may be required during your travel.

3. Please list any medications you are currently taking or will be bringing with you during travel.

4. Please list any allergies to medicine, foods, insects or environmental materials such as pollen or latex.

5. Please indicate what health preparations you have completed or are planning to receive for your trip as appropriate.

Travel medicine clinic visit
 Personal health care provider visit

Prescription for malaria prophylaxis
 Prescription for traveler's diarrhea
 Other preventive medications

6. Is there any additional information you would like your program organizers to be aware of while you are abroad? (If yes, please explain)

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

Signature of Participant _____ Date _____, 20____