

## Sample Voluntary Medical & Disability Needs Abroad Form for International Travel Registrations

The purpose of this form is to give the International Travel Registration Manager and/or your Group Leader (as applicable) information necessary to help you before and during your international experience. For your own safety and well-being, we strongly encourage you to disclose any medical conditions and/or disabilities. The information provided will remain confidential among relevant parties. It is not used to make admission decisions.

By disclosing, you give us permission to share this information with your program staff and/or CU Disability Services on a need-to-know basis. If you wish to limit the information we can share with others, email the International Travel Registration Manager and/or your Group Leader (as applicable) on the same date you submit this form.

Additionally, you may make an appointment to discuss any concerns with the International Travel Registration Manager and/or your Group Leader (as applicable).

**Participant Name** \_\_\_\_\_

### Person to be notified in Case of an Emergency

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_

Other \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

- 1) **Mental Health Information:** Have you ever received or are you currently receiving care for a mental health condition? Examples include depression, anxiety, bi-polar disorder, PTSD, eating disorders, or other conditions.

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- 2) **Mental Health Information (cont.):** If you disclosed a mental health condition above, please describe your condition and any care/medication needed. List any prescriptions you are taking for the condition(s). Note that it is your responsibility to research laws and procedures regarding prescriptions and traveling/living abroad – see the International Traveler Handbook for more information.

If you answered "No" or "I do not wish to answer this question" for question #1 above, type in "N/A" below.

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- 3) **Medical Information:** Have you ever received or are you currently receiving medical care for a specific condition? Examples include allergies (general, food, etc.), diabetes, heart conditions, digestive problems, neuromuscular conditions, or other conditions.

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- 4) **Medical Information (cont.):** If you disclosed a medical condition above, please describe your condition and any care/medication needed. List any prescriptions you are taking for the condition(s). (Note that it is your responsibility to research laws and procedures regarding prescriptions and traveling/living abroad – see the International Traveler Handbook for more information). If you answered "No" or "I do not wish to answer this question" for the medical question above, type "N/A" below.

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- 5) **Disability Information:** Examples include, but are not limited to ADHD/ADD, Blind/Low Vision, Deaf/HOH, I do not wish to answer this question, Learning Disability, No disability, Other, Physical – mobility, Physical – other, Physical – systemic, Psychological/Psychiatric, Traumatic Brain Injury/Closed Head Injury, etc.

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- 6) **Disability Information (cont.):** If you disclosed a disability above, do you anticipate needing any accommodation(s) on-site (including classroom, academic or housing)? Lead-time is necessary to work with our overseas colleagues to determine which arrangements might be possible. Every reasonable effort will be made, but some accommodations might not be possible abroad. If you did not disclose a disability above, type "N/A" below.

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- 7) **Additional Comments:** Enter any additional health, welfare or disability information you wish to share below.

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