

# Sample Voluntary Medical & Disability Needs Abroad Form for Global Experience Programs

*NOTE: This information is being collected by your group leader, for your safety while abroad. This information is not being reported to CU Boulder or to Education Abroad.*

The purpose of this form is to give your group leader information necessary to help you before and during your global experience. For your own safety and well-being we strongly encourage you to inform them about any medical condition(s) and/or disability(ies) . The information provided will remain confidential. It is not used to make admission decisions.

By disclosing, you give the group leader permission to share this information with your program or host institution staff and/or CU Disability Services on a need-to-know basis. If you wish to limit information we can share with others, you must email your group leader on the same date you submit this form. Additionally, you may make an appointment to discuss any other concerns with your group leader.

**Student Name** \_\_\_\_\_

## Person to be notified in Case of an Emergency

Name \_\_\_\_\_

Relationship \_\_\_\_\_

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

Work \_\_\_\_\_

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 CU Boulder Global Experiences Participant 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 CU Boulder Global Experiences Participant 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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