

Health Questionnaire

Study Abroad Office
University of Illinois
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Applicant Section

Name: _____ UIN: _____

Program Location: _____ Length of Program: _____

In order to participate in a program sponsored by the Study Abroad Office, you are required to complete this Health Questionnaire. **Please follow the instructions on the reverse side, then follow the instructions for Step 2 on the questionnaire cover letter.** The intention of this form is not to eliminate students from Study Abroad Office programs, but rather to inform the Study Abroad Office and overseas offices of any health issues that may arise while you are abroad. By knowing about any pre-existing conditions, we can address them appropriately if a need arises. A physical may be required if sufficient records are not available.

In addition to this form, you should consult the McKinley Health Center Travel Website at: www.mckinley.uiuc.edu/clinics/itc/itc_travel.htm for information about any recommended immunizations. Further information is also available from the Centers for Disease Control on the World Wide Web at: www.cdc.gov/travel/.

In addition to this form, you may be required to submit additional health information for the purpose of visa processing. Please refer to the information on student visas for your host country. You may wish to have both forms completed at the same time.

Physician / Registered Nurse Section

Thank you for taking a few minutes to complete this form. Students are selected for overseas programs on the basis of academic ability. In order for our site director to be informed of any health conditions that may arise during the program, we request that students inform us of any known health conditions on the reverse side of this form. However, we require that this section of the Health Questionnaire be completed by a medical professional.

_____ I have examined the records of this applicant, and I believe that his/her health, including mental condition, will permit him/her _____ to live abroad and study successfully at a foreign university. Comments:

_____ I have examined the records of this applicant, and I am withholding approval pending the following action by the applicant:

_____ Records available are insufficient to make a determination concerning the ability of this students to live and study success fully overseas. Comments:

Physician / Registered Nurse Contact Information

Name _____

Title _____

Address _____

Phone # _____ Fax # _____

Signature _____ Date _____

Over 

Your optional responses to these questions may be made available to Study Abroad Office staff at University of Illinois at Urbana-Champaign, their representatives overseas, and the consular office of your host country. If you answer "yes" to any of the questions, please elaborate.

Blood Type:

Height:

Gender:

Weight:

What illnesses (other than colds/flu) have you had in the past three years?

Have you ever been hospitalized or undergone surgery (excluding elective surgery)?

Do you have any physical disabilities for which you will need special arrangements while abroad?

Do you have any chronic illnesses or allergies?

What prescription drugs do you regularly use?

Are you on a restricted diet by choice or medical necessity?

Have you or are you receiving treatment for any mental health problems?

Have you or are you receiving treatment for an eating disorder?

Please return your completed Health Questionnaire to the address on the front of this form.