

University of Nebraska at Omaha Education Abroad**#1: Confidential Health History Form**

As part of obtaining a complete Health Clearance for participation in an education abroad program, you must fill out this Confidential Health History Form. The purpose of this form is to provide information about your health history to your health providers. Please print and fill out this form, and bring it with you to your health care appointment. You will need to attach a program description for your chosen education abroad program in order to provide your health provider(s) with information about your program.

Obtaining a Health Clearance is a requirement to participate in any education abroad program for which you will receive UNO sponsorship or credit. If you do not comply with the requirement to obtain a Health Clearance, you will not be approved to participate in, or may be dismissed at your own expense from, the education abroad program.

This Confidential Health History Form and a review of your medical record on file will be used by your health provider(s) during the health clearance process.

YOU MUST COMPLETE THE FOLLOWING INFORMATION BEFORE YOUR HEALTH CLEARANCE APPOINTMENT(S).**PRINT:**

Last Name: _____ First Name: _____ Middle: _____
Sex: M _____ F _____
Program/Country: _____ NUID: _____

Person to notify in case of emergency (Print legibly):

Name: _____
Address: _____
Phone, include area code: _____

GENERAL HEALTH:

List any recent or continuing health problems: _____

List any physical or learning disabilities: _____

Are you currently under the care of a doctor or other health care professional, including for mental health treatment? Yes _____ No _____

For what condition(s): _____

Doctor's Name: _____ Phone/Fax: _____

SURGERIES: List type and year _____

DRUG/FOOD ALLERGIES: List any drug or food allergies and briefly describe reaction:

MEDICAL HISTORY: Participants with known and/or ongoing medical problems must take special precautions in preparing for and managing their situation overseas. Check if you have ever had any of the following:

	Yes	Date		Yes	Date
Headaches (migraines, etc.)			Ulcer / colitis		
Epilepsy / Seizures			Hepatitis / tetanus		
Asthma / lung disease			Gallbladder / bladder / kidney disease		
Heart disease			Diabetes		
Anemia / blood disorder			Cancer / tumors		
	Yes	Date	Others (Please list):		
Back / joint problems					
High blood pressure					
Thyroid problems					
Chronic infections					

MENTAL HEALTH HISTORY: Have you ever experienced, been treated for, or hospitalized for the following?

	Yes	Date(s)
Any mental health conditions (i.e. depression, anxiety, ...)		
Substance abuse (drugs or alcohol)		
Eating disorder		

IMMUNIZATION RECORDS: Indicate most recent date (or attach immunization record during your medical appointment).

	Date		Date
Polio		Measles	
Tetanus booster or tetanus / diphtheria booster		Rubella	
Mumps		MMR	

Medications: Participants are responsible for ensuring that all medications are legally permissible abroad. Are you currently taking any medications? Yes () No () Please specify below. Include any medication you carry for possible use (i.e. inhaler, EpiPen).

Reasonable Accommodations: Reasonable accommodations are provided for students in the study abroad program who register with the Accessibility Services Center (ASC) and make their requests sufficiently in advance. Please make an appointment with the Accessibility Services Center well in advance (i.e. 3 months of the start of the study abroad program) to ensure coordination of services can occur between the student, ASC and the Education Abroad Advisor. Accommodations may not be possible on all programs and locations. For more information, contact Accessibility Services Center (Location: H&K 104, Phone: 402.554.2872, Email: unoaccessibility@unomaha.edu)

I certify that all responses made on this form are complete, true, and accurate. I understand that if there are any changes in my health status, I will contact the UNO Education Abroad Office immediately. I understand that if I misrepresented or failed to provide the information requested on this form, I may be barred from participation in, or dismissed at my own expense from, the education abroad program I have chosen.

Participant's signature: _____ **Date:** _____

The participant will give a copy of the Confidential Health History Form to any health provider evaluating the participant for a health clearance. The participant will need a copy of the Confidential Health History Form to keep with their passport in case of a medical emergency. UNO suggests that the participant also makes additional copies for health care provider(s) abroad and leaders of the education abroad program.

The UNO Education Abroad Office must be informed of any recent medical or special needs or changes in health that occur after your health clearance appointment(s) but before the start of the program.