

## UMW Education Abroad

### Medical Information Disclosure Form

*Please complete this form and return it to your Study Abroad Coordinator. The information contained in this form will only be shared on a need-to-know basis in the event of a medical situation. You are STRONGLY encouraged to disclose any and all information that would be useful in an emergency.*

**Participant Name:**

**Education Abroad Program:**

**Term Abroad:**

**Year:**

**Please select one of the boxes below.**

☐ **Yes**, I opt to self-disclose medical information to CIE that could be used in a medical or emergency situation.

☐ **No**, I opt out of self-disclosing medical information to CIE that could be used in a medical or emergency situation.

#### **1. Medical Condition Requiring Professional Treatment**

Do you have, or have you had, any medical condition (physical or psychological) for which you have sought professional treatment? If yes, please explain.

#### **2. Are you currently taking or receiving any medication and/or treatments?**

If yes, provide the names and dosages for any current medications and/or treatments you receive. Examples include, but are not limited to, those that are prescribed and non-prescribed such as asthma treatments, birth control, gender re-assignment treatments, and mood altering medications.

#### **3. Allergies**

Do you have allergies to medication, food (peanuts, gluten, etc.), insects or other substances? If yes, please explain the allergies and reactions. Indicate if you carry an EpiPen.

**4. Do you have any dietary restrictions (e.g. vegan, kosher, etc.) or religious requirements?**

If yes, please explain. Note: not all dietary restrictions can be accommodated while on the program though providers will do their best.

**5. Are you registered with the University of Mary Washington Office of Disability Resources?**

YES

NO

**Accommodations Request**

Do you have any conditions (including physical or learning disabilities) that might restrict your mobility or require accommodations/services (e.g. instructional aids, lodging on first floor, etc.) while abroad?

If yes, please explain how those impact you as a student and the type of accommodations/services you are requesting.

**6. Do you have other needs or concerns that you wish to discuss in order to facilitate support?**

If yes, please explain anything you wish to discuss with your study abroad coordinator in order to facilitate support in the event of an emergency.

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**UMW Resources**

Talley Center for Counseling Services	540-654-1053
Office of Disability Resources	540-654-1266
Student Health Center	540-654-1040
Office of Title IX	540-654-1166
Center for International Education	540-654-1434