

Study Abroad

Medical and Special Needs Online Form



Contact Info
 Study Abroad
studyabroad@purdue.edu

Instructions

- Please complete sections I, II and III
- If you answer "Yes" to any questions in Section II, make sure to give details in the text box below.
- If you answer "Yes" to questions 2 or 3 in Section III, the physician/mental health provider who is primarily responsible for your condition will need to complete Section IV. A visit to your physician/mental health provider is not required unless your doctor considers it necessary to update your medical status.

Medical Report Review

Information regarding an applicant's health is helpful for dealing with a health issue that may arise during the student's stay abroad. An applicant will not be rejected due to either their physical or emotional condition unless it is of such nature as:

- to prevent successful participation in the program.
- unless medical care for a patient's medical problem is not available in the country in which the applicant will study.
- the living and environmental conditions to which the applicant could be exposed would present a risk to the health of the individual.

A health record is confidential and accessible only to health personnel, the staff of the study abroad office, and the individual program to which the applicant has applied.

Future Medical Problems

Should you develop significant health problems between the time you have completed this form and commencement of the program, which may influence your participation in the program, it is your responsibility to notify the study abroad office at Purdue University. A medical report should accompany this notification.

Medical Information Form

I. General Information

First Name

Last Name

Gender Male Female Prefer not to answer

Street Address

City

State

Zipcode

II. Personal History (to be completed by the student)

Have you ever had or do you now have any of the following: [Click to mark yes or no]

No

- Allergies to Medications
- Anemia
- Anxiety Reactions
- Asthma
- Chicken Pox
- Chronic or Recurrent Gastrointestinal Problems
- Chronic Skin Problems
- Diabetes Mellitus
- Endocrine Disorder(s)
- Epilepsy
- Fainting Spells

Yes

"Other" not listed above

List any medications currently taking

Give details of those items marked "Yes". Indicate problem, diagnosis if known, and whether recovery has been complete or if still under treatment.

III. Current Medical History

1. Have you been in good health during the past 12 months?

Yes No

2. Do you have any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant condition which is currently in remission? (Ex. diabetes, heart problems, chronic or recurrent gastrointestinal disorder, seizure disorder, treatment for cancer, bleeding disorder, etc.)

Yes No

3. Are you currently receiving counseling for any mental health concern?

Yes No

4. Do you have any dietary restrictions or food allergies?

Yes No

If "Yes", list restrictions/allergies

If you answered yes to #2 or #3

The Physician's Report must be completed only if you answered yes to #2 or #3 above. Please have the primary physician or mental health provider responsible for your care complete the form. Upload a signed copy of this report to "Medical Form (Upload Form)" section of the My Study Abroad page.

[Download Physician's Report PDF](#)

I certify that I have read and understand the Medical Information Form, that all responses made on this Medical Information Form are true and accurate, and that I will notify the study abroad office hereafter of any relevant changes in my health that occur prior to the start of the program.

I Agree

Special Needs Considerations for Students Going Abroad

Programs for Study Abroad and the Adaptive Programs Office are responsible for arranging academic adjustments, auxiliary aids and services for students with special needs while abroad. Arranging appropriate and effective services takes time. In order to provide reasonable accommodations, please complete the following form and return it to your program leader as soon as possible. The information you submit will only be shared on a need-to-know basis with any overseas partner and will otherwise be maintained in a confidential file and not released to any other program, office, or person without your written consent.

I have the following type of disability:

Select all applicable

If not applicable, select NONE

"Other" not listed above

I currently receive the following accommodations at Purdue: _____

Select all applicable

If not applicable, select NONE

"Other" not listed above _____

Please describe any other disability, accommodations, special needs and/or concerns you have: _____

(allergies, prescription medication, significant medical conditions, etc)

Please note: It is the student's responsibility to notify the program leader of any disabilities and submit the "**Instructor Accommodation Letter**" for any services that are requested.

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