



CONNECTICUT COLLEGE

STUDENT HEALTH SERVICES STUDY ABROAD HEALTH SCREENING FORM

Name: _____ Class Year: _____ Date of Birth: _____

PROGRAMS APPLYING TO:

Program Name	Location/ area of Program	Dates of Departure & Return
1.		
2.		
3.		

HEALTH HISTORY

Please fill out this form and answer all questions truthfully. Accurate information will help us in preparing you properly for your study abroad experience. We recommend that anyone with a medical condition contact their study away program to get information on where to access care in the destination country.

Health History	YES	NO	Please Explain all YES answers:
Do you now have, or have you ever had, an allergy to food, insects, or any substance that causes anaphylaxis or a life-threatening reaction?			
Do you have any medication condition(s) for which you are being treated?			
Have you had any hospitalizations since your entrance to Connecticut College?			
Have you had any injuries since your entrance to Connecticut College?			
Have you had any surgeries since your entrance to Connecticut College?			
Have you had any changes in your health or serious illnesses since your entrance to Connecticut College?			
Do you take any medication(s) on a regular basis?			
Medications 1. 2. 3.			Reasons for taking:
If yes, have they recently been adjusted?			
Will you need to take your prescription(s) while abroad?			
Are there any aspects of your health that may require special arrangements while abroad?			
Do you have any other health concerns that you would you like to discuss with SHS?			
I understand that I must also submit a Medical Recommendation Form to Student Health Services before my Study Abroad Screening Form is reviewed and before notification is sent to the Study Abroad Office.			

By signing this form, I verify that the information contained in this form is accurate and complete. I also understand that this document will become part of my medical record:

Student Signature: _____ Date: _____

Reviewed by: _____	Date: _____
Approved: <input type="checkbox"/> YES , Study Abroad office notified, Date: _____	Initials _____ <input type="checkbox"/> NO , Appointment Needed