



Student Self-Assessment To be completed and signed by student

Student name: _____

Program name and country: _____

It is important that the School of Social Policy & Practice be made aware of medical or emotional conditions, past or current, as even mild physical or psychological disorders can become serious under the stresses of life in an unfamiliar environment. The information provided by you and your health provider(s) will remain confidential and will be shared only on a need-to-know basis with program staff and faculty, Penn Student Health Service, or appropriate health providers abroad if pertinent to your well-being. Your application to travel will not be affected on the basis of either a physical or mental health condition unless it is of such a serious nature or degree as to prevent your successful participation in the program.

- Yes No 1. Are you currently being treated, or have you been treated within the last five (5) years for a physical health condition, injury or disease? **(If yes, please describe)**
- Yes No 2. Are you currently being treated, or have you been treated within the last five (5) years, for a mental health condition (e.g. alcohol and/or other substance use disorder, depression, anxiety, eating disorder, or condition related to loss or grief)? **(If yes, please describe)**
- Yes No 3a. Do you have a health condition or disability that may require reasonable accommodations to fully participate in a program abroad?
3b. If yes, please consult with Student Disabilities Services about accommodations abroad. Note: Penn cannot guarantee that services or accommodations are available abroad.
- Yes No 4. Do you have any allergies? **(If yes, please describe)**
- Yes No 5. Are you taking any medications? If yes, please list with condition being treated and include medication(s) you carry for possible use (e.g. inhaler, bee sting kit).
- Yes No 6. Are you a vegetarian or are you on a restricted diet? **(If yes, please describe)**
- Yes No 7. Is there any additional information regarding your health or well-being that would be helpful for the program to be aware of during your experience abroad? **(If yes, please describe)**

I certify that all responses made on this health information form are complete, true and accurate, and that I will notify the School of Social Policy & Practice and the course instructor hereafter of any relevant changes in my health that occur prior to departure. I understand that any false or inaccurate information may affect my program participation. With my signature, I authorize the release of any medical information that, in the opinion of my health care provider, may be relevant to my participation in this SP2 global study course.

Student's signature: _____ Date: _____