PRE-TRAVEL HEALTH SURVEY
Exchange, Affiliate and Faculty-Led

Study Abroad
Office of International Programs
Sam Houston State University

Program Location: _____

Program Dates: _____ University/Provider: _____

Student Name: _____ **SAM ID:** _____

Age: _____ **Date of Birth** (MM/DD/YY): _____/_____/_____ **Gender:** _____

Phone:_____ **Email:**_____

The purpose of the following is to help the Office of International Programs to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or mental health issues can become exacerbated during international travel; therefore, it is important that the program be made aware of pertinent medical or mental health issues which might affect you while abroad. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being while on program.

Medical and mental health information provided will not be used to determine your eligibility to participate in this program.

I hereby voluntarily provide the following information on this form with understanding that this information will be shared by me with the SHSU Office of International Programs. In providing this authorization, I hereby **RELEASE, HOLD HARMLESS, DISCHARGE, AND OTHERWISE AGREE TO INDEMNIFY** Sam Houston State University, their regents, employees, agents, volunteers, from and against all claims arising as a result of this authorization.

The following form must be completed.

Yes_____No_____ Are you currently being treated or have you been treated within the past five years for a physical health condition, injury, or disease and/or a mental health issue? If yes, please indicate which and explain: _____
_____
_____
_____
_____

Yes_____No_____ Do you have any known allergies? If yes, please explain: _____
_____

Yes_____No_____ Do you have any dietary restrictions? If yes, please explain: _____
_____

Yes_____No_____ Do you have a disability requiring reasonable accommodations to participate in a learning abroad program? If so, have you expressed your desire to study abroad with Disability Services? (If yes, please explain.) _____
_____
_____
_____

Return to:
Office of International Programs, Farrington 116 (studyabroad@shsu.edu)

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Yes ◯ No ◯ Do you have any drug/alcohol/chemical dependencies that would affect your participation in the program? If yes, please explain: _____
_____
_____

Yes ◯ No ◯ Have you obtained all the required immunizations/preventive medications for your travel location?

Yes ◯ No ◯ Have you considered obtaining the recommended immunizations/preventive medications (if any) for your travel destination?

Yes ◯ No ◯ Have you recently visited with a dentist to discuss your international travel and any associated dental health concerns?

Yes ◯ No ◯ Have you discussed the international travel with your regular physician/mental health professional?

Yes ◯ No ◯ Is there any additional information that would be helpful for the program to be aware of during the study abroad experience? If yes, please explain: _____
_____
_____

Do you foresee that you may require professional treatment while abroad due to predisposing medical, physical, or mental health factors that could be exacerbated under stress of adjusting to another culture?

Yes ◯ No ◯ (If yes, please comment): _____
_____

Student Name (please print) _____

Signature: _____ Date: _____

***Please note – OIP strongly recommends that you consult with a medical/mental health professional, as needed, to discuss your ability to participate in the program and any special considerations that should be made. OIP also recommends that you disclose any pertinent medical/mental health considerations so that we may make proper arrangements and accommodations to facilitate your safe participation.**

If you do not disclose pertinent health information prior to departure, we cannot guarantee that your needs will be accommodated. Sam Houston State University will not be held responsible for any student health/safety complications that arise in- country if the complications are caused by an existing condition that was not disclosed before departure from the United States. Signature of this document serves as your acknowledgement of this policy.

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