

GRADUATE STUDENT HEALTH INFORMATION FOR INTERNATIONAL ACTIVITY



Student Name

Date

The information provided by you below will enable Tulane to provide appropriate counseling and support services for a successful and rewarding graduate-level international experience. Please PRINT your answers clearly. You may write on the back of this form. Return the completed form to Tulane University Payson Center.

1) Please describe any difficulty you may have had in adjusting to a new situation in the last four years.

2) a) Please list any known allergies (e.g., medications, pets, smoke, etc).

b) Can you live in a house with Pets? Yes No

c) Can you live in a house with Carpet? Yes No

d) Can you live in a house with smokers? Yes No

3) Please indicate any medical or psychology conditions for which you are currently being treated including disorders.

4) Please list all prescriptive medications that you use on an ongoing basis.

5) Please indicate dietary restrictions _____

6) a) Do you have a documented disability? Yes No

b) Have you needed any special accommodations at Tulane? Yes No

c) Do you need special accommodations during your study abroad experience?
Yes No

If you have answered yes to any of the preceding questions, please provide details:

NOTE: If medical or other treatment is expected to continue during your planned international activity, please remember to pack necessary information, written prescriptions and necessary medicines. Mailing prescription medicine overseas can be both costly and unreliable. If you should need to do so, please contact your coordinator at Tulane and/or the foreign institution contact for further information.

Any changes in the above information should be communicated to Tulane **before** departing on your study abroad program.