

Student Health Disclosure for International Travel

**Indicates a required field. Incomplete forms cannot be accepted.*

TO BE FILLED OUT AND SIGNED BY STUDENT

Student Name*: _____ **Date of Birth*:** _____

Program(s)*: _____ **Term/Year*:** _____

Student Attestation and Signature: I certify that I have provided accurate health information for this pre-travel health assessment. I understand that many medications are not legal outside the United States, and I have discussed a plan with my primary care and/or mental health provider or specialist so that a prescribing and treatment plan for any chronic health conditions and associated medications can be in place before my travels abroad. I understand that I may also see assistance from Vanderbilt's Office of Global Safety at globalsafety@vanderbilt.edu

Student Signature*: _____ **Date*:** _____

Why are we asking you about your physical and mental health?

Our goal is that all students have a successful time abroad. Critical to achieving that goal is receiving relevant information from you about your health and wellness needs prior to departure. We have found that students who take ownership of their physical and mental health needs and seek support early have the best outcomes. Creating a care plan with you is one of the services our office provides. Sharing information about your physical and mental health with our office and your onsite support team is the best way to ensure that we are able to provide assistance and advocate for you when you are away from your regular support structure.

Think about it this way: "If I am unable to speak for myself, what information about me is critical for someone to know to ensure I receive appropriate physical or mental health care?"

GUIDANCE FOR SELF-DISCLOSURE (check all that apply):

- Consider the following before selecting your self-disclosure statement(s):
 - Am I able to align my care needs with the limited resources that may exist in my chosen travel location
 - Am I able to live in a setting different from what I am accustomed to and that may aggravate existing physical or mental health conditions (e.g. dormitories that may not be air-conditioned or afford privacy, homestays with local families, etc.)

I have no medical or mental health limitations to disclose at this time

I have one or more medical or mental health conditions and I understand that additional specialty consultation with the Office of Global Safety is recommended prior to travel

I understand certain prescribed medications may not be legal outside the United States and it is recommended that I contact the Office of Global safety to establish a prescribing and treatment plan prior to travel

I may require accommodation while abroad and understand I need to contact my group leader or advisor in order to begin this process *(please note that not all accommodations will be available in every location)*

Student Name (Print)*: _____ **Date*:** _____

Student Signature*: _____