

Louisiana State University Academic Programs Abroad  
Medical Disclosure Form

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The disclosure of any conditions, past or current, is voluntary. The information provided will remain confidential and will be shared with program staff, faculty or appropriate medical professionals only if pertinent to your own wellbeing. APA does not discriminate against otherwise qualified participants with disabilities on the basis of disability. APA does not require medical examinations, nor will medical information be used to determine participation in APA programs. However, because medical care in some countries differs from care in the US, we strongly recommend that you have a medical examination before leaving and that you provide APA any medical information that could be necessary in the event of a medical emergency while you are abroad.

Name of Study Abroad Program: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**Person to Contact in Case of Emergency:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Medical Self-Assessment:**

Circle One

1. Do you have any allergies to medication, food, plants, animals, etc? Yes No  
If yes, please list: \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been, or are you currently being, treated for a mental health condition? Yes No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Are you currently taking any medications? Yes No  
If yes, please list medication and dosage: \_\_\_\_\_

\_\_\_\_\_

4. Have you ever had any major injuries, illnesses, or ailments? Yes No  
If yes, please list: \_\_\_\_\_

\_\_\_\_\_

5. Do you have diabetes or hypoglycemia? Yes No

6. Do you have epilepsy or other seizure disorders? Yes No

7. Do you have asthma? Yes No

8. Do you have any pre-existing conditions? Yes No  
If yes, please list: \_\_\_\_\_

\_\_\_\_\_

9. Have you ever received treatment for addiction or substance abuse? Yes No

10. Are there any concerns regarding your health, family history, or other matters that you would like to disclose to APA? Yes   No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

11. Do you have any special dietary needs? Yes   No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Disabilities:**

APA endeavors to provide reasonable accommodations for students with *documented* disabilities. If you are receiving disability-related accommodations at LSU and/or anticipate needing them at your overseas site, please attach documentation confirming the disability and information about accommodations currently provided and/or needed. Please provide this information at least four weeks before the start of your study abroad program to allow time to arrange for proper accommodations.

Have you registered with LSU's Office of Disability Services? Yes   No

Do you have a disability that will require accommodations while abroad? Yes   No  
If yes, please list the disability and accommodations required: \_\_\_\_\_  
\_\_\_\_\_

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**Decline to Complete:**

I decline to complete this form and do not wish to share any medical information with Office of Academic Programs Abroad.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date