

**HEALTH & WELLNESS INFORMATION**  
**INTERNATIONAL ENGINEERING STUDIES AND PROGRAMS**  
**College of Engineering**  
University of Wisconsin-Madison  
1550 Engineering Drive, Madison, WI 53706      telephone: 608-263-2191

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This required form is to be completed by the participant and is designed to help International Engineering Studies and Programs (IESP) be of maximum assistance to you during your study abroad experience should the need arise. Mild physical or psychological conditions can become serious under the stresses of life while studying abroad. Thus, it is important that the program be made aware of any medical or emotional conditions, past or current, which might affect you in a foreign study context. The information provided on this form will be shared only with appropriate persons affiliated with your specific program and does not affect your admission into the program.

If you have any concerns about health conditions you may have while abroad, contact your IESP advisor and your healthcare provider as soon as possible. IESP will direct you to more specific sources of information about support services you can reasonably expect to find on site. Study abroad sites may not be able to accommodate all reported individual needs or circumstances. However, if you do not report a health condition, our ability to assist you in the case of an emergency may be compromised.

IESP participants are not required to have a physical exam before going abroad. However, if may be required for certain countries/visas. IESP strongly recommends that you have a physical exam, consult your healthcare provider about immunizations, and have a dental check-up before departure.

**NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **GENDER** \_\_\_\_\_

**PROGRAM** \_\_\_\_\_ **TERM** \_\_\_\_\_

- Yes \_\_\_\_ No \_\_\_\_ 1. Have you been or are you currently being treated for a physical health condition? (If yes, please explain.)
- Yes \_\_\_\_ No \_\_\_\_ 2. Have you ever been treated or are currently being treated for a mental health condition (psychological or emotional)? (If yes, please explain.)
- Yes \_\_\_\_ No \_\_\_\_ 3. Do you have any allergies? (If yes, please explain.)
- Yes \_\_\_\_ No \_\_\_\_ 4. Are you taking any medications? (If yes, please explain.)
- Yes \_\_\_\_ No \_\_\_\_ 5. Have you had any major injuries, diseases or ailments in the past five years?  
(If yes, please explain.)
- Yes \_\_\_\_ No \_\_\_\_ 6. Are you on a special diet (vegan, diabetic, vegetarian, etc.)? (If yes, please explain.)
- Yes \_\_\_\_ No \_\_\_\_ 7. Is there any additional information that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain on the back of this form.)

***I certify that all responses on this form are true and accurate, and I will notify International Engineering Studies and Programs of any relevant changes in my health that occur prior to the start of the program.***

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_