TRAVEL HEALTH ASSESSMENT FORM: PART B
REQUIRED ACTION BY STUDENT

*Only students participating in Northwestern-Sponsored programs are required to complete this health assessment, which is administered online through their Northwestern Study Abroad Application. This represents a hard copy version of the online form.

STUDENT NAME: ____________________________

STUDENT EMAIL ADDRESS: _______________________

PROGRAM: ____________________________

Please think about how the issues or conditions in Part A might affect you while abroad.
• Will maintaining your health and well-being present you with special needs or challenges?
• Have you checked to be sure familiar medications, necessary foods or special accommodations will be available abroad?

Please select the statements that apply to you:

☐ I have answered no to questions #1-5 in Part A.

☐ I answered yes to one or more of questions #1-4 in Part A and will discuss my health care needs with one or more of the following: a representative from the Northwestern unit coordinating or supporting my program (contact information listed below), a representative from AccessibleNU, a health care professional, parents or other family members well in advance of my program’s departure date.

☐ I answered yes to question #5 in Part A and understand that I must:
  a) Upload Part C to the Pre-Departure Health Assessment section of my NU Study Abroad Application after having it completed by the physician providing care for my indicated condition or by another physician qualified to advise on my care.
  b) Sign a release form with my healthcare provider if I would like my provider to share relevant information with the appropriate unit coordinating or supporting my program.

I certify that all responses I have provided herein are true to the best of my knowledge. I understand that if I withhold or falsify pertinent medical information that leads to program disruption, I could be withdrawn from the program. If I am withdrawn for reasons related to withheld or falsified information, I will be responsible for all incurred costs. I assume responsibility for my well-being and will provide information to the study abroad office coordinating my program regarding any changes in my health that may affect my participation or safety in the program. Submission of this form does not place any obligations on Northwestern University or its agents. I consent to sharing this form and related information with my educational program provider abroad.

In the event of an emergency abroad, I authorize the release of information shared as a result of this health assessment form to any necessary parties, including relevant parties administering my international experience, Northwestern student services including medical staff in NU Health Service, as well as GeoBlue. In any emergency situation, Northwestern University may notify my emergency contacts listed in the application.

Signature: ____________________________ Date: ____________________________

Printed name: ____________________________