HEALTH ASSESSMENT FORM

*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.

To enhance your well-being abroad, we require that you participate in this personal health assessment. Study abroad often presents participants with physically and emotionally challenging settings and activities. You are likely to find that familiar medications, support networks and health services may not be available in your host country. This assessment form asks you to think about these issues and, as necessary, consult with medical or study abroad professionals to ensure your well-being. It is often possible to make special accommodations while abroad, but you are responsible for recognizing your needs and seeking appropriate assistance. Please complete this form with care, answering all questions accurately and thoroughly.

The information you elect to disclose will be treated confidentially by study abroad staff and will not affect your admission to study abroad. Please note, however, that the prime responsibility for your well-being necessarily rests with you. Discussion of the contents of this form does not place any obligations on Northwestern University or its agents.

• Part A is for your personal use only. It is the first step in taking responsibility for your health and well-being while abroad.
• Part B is to determine whether any additional action is required.
• Part C, if required, is to be completed by a medical professional and submitted at least 6 weeks prior to your planned departure. Completed forms should be uploaded to the Pre-Departure Health Assessment in students’ Northwestern Study Abroad Application.

HEALTH ASSESSMENT FORM: PART A

STUDENTS: KEEP THESE PAGES FOR YOUR REFERENCE!

PRE-ASSESSMENT HEALTH CONSIDERATIONS

Vaccinations/Disease Prevention: Prior to completing this form, you must review the Centers for Disease Control and Prevention Travelers’ Health web pages for all countries where your program is located, plus any countries where you plan to travel in your free time. (See http://wwwnc.cdc.gov/travel/destinations/list.htm.) The CDC Travelers’ Health web site provides a general overview of health conditions in that country, plus information on required and recommended vaccinations and disease prevention strategies. Certain programs may require additional pre-departure health measures, such as mandatory TB testing, and you will be notified of such measures at acceptance. If you determine that you need to meet with a health care professional after completing PART A and B below, print the relevant pages from the CDC Travelers’ Health web site and take them with you to your appointment.

Health Coverage Abroad: Remember that NU requires all study abroad participants be covered by HTH Worldwide health insurance (https://www.hthstudents.com/), regardless of any other coverage they have from their parents or Northwestern (unless certain conditions apply). Our policy provides comprehensive, zero deductible health insurance coverage as well as care coordination, including assistance in making doctor's appointments or seeking emergency medical services while abroad. The policy also includes pre-departure assistance for students with pre-existing conditions that may require professional health management while abroad. For example, staff in HTH's Global Health Unit can arrange for a variety of services including but not limited to routine blood work, counseling, or allergy injections. Email them at globalhealth@hthworldwide.com or contact Beth Osterlund, Administrative Assistant, Office of Global Safety and Security, at beth.osterlund@northwestern.edu.
Northwestern orders HTH policies on behalf of participants in Northwestern-Sponsored programs, primarily programs operated by International Program Development (IPD) or the Global Engagement Studies Institute (GESI). You will be notified by your study abroad program office whether your policy will be ordered for you or whether you will have to purchase it for yourself.

If your program office orders your policy, the cost has been rolled into your program fee, and coverage will only be provided during your program dates. Should you elect to travel on your own prior to or at the end of your program, you will need to purchase additional coverage. There are dozens of companies that specialize in international medical insurance policies. You can research them on the web or you can purchase a policy similar to the NU coverage from our current provider HTH Worldwide. On the website, you can review a variety of coverage options, make a selection, and pay with a credit card. Your policy will be emailed to you within hours. The policy most similar to NU's coverage is the TravelGap Excursion plan. The coverage allows access to all of HTH's web tools; provides comprehensive protection; and, depending on the medical limit selected (it can range from a medical maximum of $75,000 to $1,000,000), the deductible chosen (it can range from $0 to $400), and your age at the time of travel, may cost less than $15 for the initial 10 days of travel while outside of the U.S.

Remember, you will need to independently purchase this separate insurance coverage. You cannot extend the Northwestern study abroad coverage; a new policy must be obtained.

**Prescription Medications:** If you will require routine or prescription medication during your trip, note that some medications, including but not limited to those for pain, ADHD, anxiety, depression, or insomnia, are illegal in some countries. HTH’s Global Health staff can check these restrictions for you. Contact them at the email address provided in the prior paragraph. Check that you will have an ample supply for the duration of your program. Place such prescriptions in their original packaging and remember to pack them in your carry-on luggage, with copies of your prescription. Consider carrying a doctor’s note explaining your need for legal, non-prescription drugs you have packed - in English and the language of your destination(s).

**Over-the-Counter Medications:** While it is advisable to take a variety of over-the-counter medications with you abroad, for symptoms such as pain (Tylenol, Advil, etc.) or stomach distress (Pepto-Bismol, Tums, etc.), some U.S.-based cold medications such as Nyquil contain restricted ingredients.

**Disabilities:** If you have a disability for which you will need accommodations abroad, and you are registered with AccessibleNU, we strongly encourage disclosing your plans to study abroad with your AccessibleNU adviser, who may have tips on how to get the most out of your experience. Only students with registered disabilities will be considered for accommodations requests if disclosed in a timely manner prior to departure.

**Dietary Preferences/Restrictions:** If you have dietary preferences, please discuss them with your study abroad advisor prior to departure. While no guarantees of accommodation can be made, all reasonable efforts will be made to honor such requests so long as they are provided in a timely manner. Dietary restrictions related to medical conditions should be discussed with your physician and your study abroad advisor as soon as possible.
# SELF-ASSESSMENT CHECKLIST

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you have any disabilities for which you will need accommodations abroad?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, are you registered with AccessibleNU?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If no, register today.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Do you have any serious food, drug, animal, or other allergies?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, are your symptoms life-threatening?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Are you on a medically restricted diet?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Do you plan to take prescription medications while abroad?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Have you been treated in the last five years, or are you currently being treated for any of the following conditions?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STUDENTS:** KEEP THESE PAGES FOR YOUR REFERENCE!
HEALTH ASSESSMENT FORM: PART B
REQUIRED ACTION BY STUDENT

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 study abroad office coordinating 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) Submit Part C to the study abroad office coordinating my program (contact information listed below) 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 study abroad office coordinating 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 study abroad program, Northwestern student services including medical staff in NU Health Services, as well as HTH Worldwide. In any emergency situation, Northwestern University may notify my emergency contacts listed in the application.

Signature: ______________________________ Date: __________________

Printed name: ________________________________
HEALTH ASSESSMENT FORM: PART C
HEALTHCARE PROVIDER EVALUATION
(ONLY REQUIRED FOR STUDENTS WHO ANSWERED “YES” TO QUESTION #5
ON HEALTH ASSESSMENT FORM: PART A.)

All students who answered yes to question #5 on the Health Assessment Form: Part A must meet with a healthcare provider and submit this completed and signed form at least 6 weeks prior to departure. The student should bring Part A and the appropriate pages from the CDC Travelers’ Health web site (see below) to their doctor appointment.

STUDENT NAME: ____________________________________________

STUDENT EMAIL ADDRESS: ________________________________

PROGRAM: _______________________________________________

To the healthcare provider: Thank you for taking the time to meet with this study abroad student and complete his/her form. This student has been treated for one or more of the conditions or events listed in the Health Assessment Form Part A, number 5 over the past five years. Living and studying in an unfamiliar environment can trigger physical and emotional stress and exacerbate current health issues. Familiar or reliable healthcare or medications might not be readily available to the student in his/her host country.

You are asked to:
• Review any relevant information provided on the CDC Travelers’ Health web site for all countries on the student’s itinerary. (See http://wwwnc.cdc.gov/travel/destinations/list.htm).
• Discuss the student’s medical situation with him/her in light of how it may affect the student’s study abroad experience.
• Ask the student about the study abroad location and the demands of the specific program.
• Advise the student regarding how potentially dramatic changes in climate, diet, living arrangements, social life and study demands may affect him/her abroad.
• Discuss possible accommodations the student should make or discuss with staff administering or overseeing their overseas program.

To be completed by healthcare provider:

☐ I have met with the student to discuss his/her medical condition as it relates to his/her intended study abroad program.

☐ I have encouraged the student to discuss his/her medical condition with one or more of the following: a representative from study abroad office coordinating his/her program, a representative from AccessibleNU, a health care professional, parents or other family members well in advance of the program’s departure date.

Name of Medical Professional: ________________________________ Title: __________________

Address: ____________________________________________________________

Phone number: ________________________________

Signature: __________________________________________ Date: ________________

Once completed, students should upload this form to the Pre-Departure Health Assessment in your NU Study Abroad Application.