

MADE Student Health/Wellness Form

Please complete the following Health & Wellness form as thoroughly and honestly as possible. The purpose of this form is to enable MADE to help you have a successful study abroad experience. The more information that you share with us regarding your past and present mental and physical health, the better we can support you to prepare for and throughout your time at MADE. This information will remain confidential unless critical to share with program staff or appropriate professionals in order to aid in your experience. We will do our best to assist you, but cannot guarantee that we will be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

Participant Contact Information

First Name:

Last Name:

Email:

Phone:

Program Session & Year:

Gender:

DOB:

Emergency Contact Information

First Name:

Last Name:

Email:

Phone:

Relationship:

MEDICAL HISTORY

**Do you have a present or past history of any of the following conditions?
If yes, please elaborate below.**

- ADD/ ADHD (attention deficit disorders): Yes No
- Addiction: Yes No
- Allergies (drug): Yes No
- Allergies (food): Yes No
- Allergies (seasonal/animals): Yes No
- Anemia: Yes No
- Anxiety: Yes No
- Arthritis: Yes No
- Asthma: Yes No
- Back problems: Yes No
- Bipolar: Yes No
- Brain injury: Yes No
- Breathing difficulties: Yes No
- Broken bone(s): Yes No
- Cancer: Yes No
- Cardiac condition: Yes No
- Depression: Yes No
- Diabetes: Yes No
- Eating disorder: Yes No
- Epilepsy/seizures: Yes No
- Gastric or intestinal condition: Yes No
- Hearing impairment: Yes No
- Heart condition: Yes No
- HIV/AIDS: Yes No
- Learning disability: Yes No
- Migraines: Yes No
- Mobility impairment: (specify) Yes No
- Multiple sclerosis: Yes No
- Obesity: Yes No
- Post-traumatic stress disorders: Yes No
- Recent surgeries (specify): Yes No
- Rheumatoid arthritis: Yes No
- Skin conditions: Yes No
- Thyroid disease: Yes No
- Vision impairment: Yes No
- Others (specify):

If you have any conditions, what is your plan for managing it/them abroad

Do you require accommodations for any conditions or concerns?

Are you currently being treated by a doctor/counselor/therapist? Describe any ongoing treatment.

List all current prescription medications and any over-the-counter medications you take regularly, as well as your plan for continuing it/them abroad:

Do you have any dietary restrictions (halal, kosher, vegetarian, vegan, food allergies, etc.)? If yes, please specify here.

Do you have any allergies (drug, food, environmental, or other)? If yes, please specify here.

If you have other concerns you want us to be aware of, explain below.

I certify that the information on this Health & Wellness Form is accurate, and I will notify MADE if any relevant health changes occur prior to and/or during the MADE program.

Participant Name:

Participant Signature:

Date: