



**HEALTH AND DISABILITIES INFORMATION**

You have been accepted into the following study abroad program: \_\_\_\_\_  
Since overseas programs can be both physically and emotionally demanding, we request that you provide us with a true picture of your health. Please cooperate in answering the questions found below and let us know of any changes in your state of health between now and the start of the program. The information provided will remain confidential.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Do you have any dietary restrictions or known food allergies? ..... Yes  No   
If yes, please describe \_\_\_\_\_

2. Do you have any physical disabilities that might cause hardship through change of diet, carrying luggage, or strenuous travel, or might affect participation in an overseas program? ..... Yes  No   
If yes, please describe \_\_\_\_\_

If you have any physical disabilities please contact the FITABLE Office, Rm A570 to discuss accommodations.

3. Are you currently undergoing treatment or taking medicine? ..... Yes  No   
If so, what? \_\_\_\_\_

4. Are you pregnant or suspect you might be? ..... Yes  No

5. If there is a question regarding your health, family history, or other matters, such as:

- A surgical operation (undergone in the past or currently suggested by a physician)
- Treatment in a hospital
- Psychological therapy
- A major illness (rheumatic fever, seizures, etc.)
- Allergies to medication or any other medical issues, please elaborate. Describe the illness below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need additional space, use reverse side of this page)

6. Do you have any disabling condition, including any learning disability, which would require academic adjustments while you study abroad? ..... Yes  No

If you have answered YES to any point in question #5 and / or #6, please contact The FITABLE Office, Room A570, tel: (212) 217-4090

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_