

## MEDICAL SELF-ASSESSMENT

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Name \_\_\_\_\_ UNI ID: \_\_\_\_\_  
*Last First Middle*

*Because overseas study programs can be both physically and emotionally demanding, we ask that you provide candid evaluation of your health. This information will not be used as part of the selection process.*

**Please rate your overall health** (Please check one):  Excellent  Good  Fair  Poor

**Do you have any:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Pre-existing medical conditions?                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Dietary restrictions or known food allergies?                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Known allergies to medication , plants, animals, insect stings, etc.? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Physical limitations or disabilities?                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES, please explain:

**Have you ever had:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A major surgical operation or been advised to have one? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Treatment in a hospital or mental institution?          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A major illness (rheumatic fever, etc.)?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES, please explain:

**Are you currently undergoing treatment or taking medication?**  YES  NO

If YES, please explain:

## EMERGENCY CONTACT INFORMATION

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*The following information is intended to be of assistance should an emergency situation occur either home or abroad before, during or after the program. Inform the program coordinator of any changes to be made.*

**Person to contact in case of emergency:**

Name(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_  
Work Telephone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Emergency Contact #2:**

Name(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_  
Work Telephone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**I give my permission to University of Northern Iowa and its agents to contact the person(s) I have identified as my emergency contact in the event the program coordinator or agents of University of Northern Iowa feel such action is justified.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_