

## HEALTH SELF-ASSESSMENT CHECKLIST

Name: \_\_\_\_\_

L# \_\_\_\_\_

Please answer the questions below by checking “Yes” or “No.” Answer each question honestly.

1.	Do you have disability diagnoses requiring accommodations? Are you registered with the Office of Disability Services at Lander University?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No		
2.	Do you have any food, drug, animal, or other allergies? If yes, are your symptoms life-threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No		
3.	Are you on a medically restricted diet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4.	Do you require, or plan to use, prescription medications while abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.	<p>Have you been treated in the last five years, or are you currently being treated, for any of the following conditions? Please check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Alcohol/Substance abuse  <input type="checkbox"/> Eating Disorder  <input type="checkbox"/> Severe Migraine  <input type="checkbox"/> Immunodeficiency  <input type="checkbox"/> Seizure Disorder  <input type="checkbox"/> Asthma  <input type="checkbox"/> Anemia or Bleeding Disorder  <input type="checkbox"/> Tuberculosis  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Crohn’s Disease                 </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> HIV/AIDS  <input type="checkbox"/> Hepatitis  <input type="checkbox"/> Obsessive Compulsive Disorder  <input type="checkbox"/> Anxiety  <input type="checkbox"/> Bipolar Disorder  <input type="checkbox"/> Depression  <input type="checkbox"/> ADD/ADHD                        Other chronic physical or mental health condition(s), to include:  <input type="checkbox"/> Cancer or Tumors  <input type="checkbox"/> Hearing Impairment  <input type="checkbox"/> Blindness  <input type="checkbox"/> Amputated Limbs and/or Permanent Wheelchair Use                 </td> </tr> </table>			<input type="checkbox"/> Alcohol/Substance abuse <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Severe Migraine <input type="checkbox"/> Immunodeficiency <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia or Bleeding Disorder <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Crohn’s Disease	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hepatitis <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Depression <input type="checkbox"/> ADD/ADHD  Other chronic physical or mental health condition(s), to include: <input type="checkbox"/> Cancer or Tumors <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Blindness <input type="checkbox"/> Amputated Limbs and/or Permanent Wheelchair Use
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If you checked any of the conditions above, how do you anticipate those conditions will impact your experience abroad?

Please describe the resources, support, and accommodations that you anticipate you will need to properly manage your health and wellbeing.

If you require support and accommodations, please arrange to discuss your needs with the Office of Disability Services at Lander University as soon as possible. ***Your application to study abroad cannot proceed*** until this final step is completed.