



## Student Medical Information

Medical conditions could affect your study abroad experience. If you have special medical needs or conditions, please notify us by using this form so that we can advise correctly. We may be able to assist you in arranging for medical or mental health treatment to continue abroad. Please answer the following questions honestly and completely. This information will only be provided to others on a need-to-know basis and is used primarily by SAF offices.

1. Do you have any medical, psychological, or psychiatric condition(s) that could interfere with your participation in our study abroad program? (i.e. – diabetes, epilepsy, asthma, depression, etc).  Yes  No  
If yes, please describe:

How is this condition being treated? Do you anticipate continuing this treatment abroad?

2. Do you have a learning disability that could interfere with your academic activities while you are on the study abroad program?  
 Yes  No  
If yes, please describe.

3. Are you currently undergoing any medical or psychological treatment (including counseling) for any of the conditions described above?  
 Yes  No  
If yes, please describe.

4. Do you require any ongoing medical attention? (i.e. – injections, prescriptions).  Yes  No  
If yes, please describe.

5. Do you have any restrictions on physical activity?  Yes  No  
If yes, please describe.

6. Would these restrictions influence you housing needs? (i.e. – student residences are often several stories high with small toilet and shower stalls).  Yes  No  
If yes, please describe.

What special accommodations might you need?

(continue on reverse side)



7. Do you have any dietary restrictions, food allergies, medication allergies or other allergies?

Yes  No

If yes, please describe.

If you answered "yes" to any of the above, the information you have given may be used in the event of an emergency abroad, and it may help our staff to accommodate your needs. If you do not inform us of special needs or requirements, we will not have the opportunity to assist you.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

SAF Host University: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Email: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Make a copy of this form for your records before returning it to :

**Study Abroad Foundation – Korea Office**  
Gwanghwamun Officia 18F #1814  
163 Sinmunno 1-ga, Jongno-gu  
Seoul 110-999