

**Commission on Outreach and International Affairs**  
**Resolution 2013-14A**  
**Resolution Regarding Voluntary Health Disclosure Form for Education**  
**Abroad Participants**

Approved by the COIA:	March 20, 2014
First Reading by University Council:	April 21, 2014
Approved by University Council:	April 28, 2014
Approved by the President:	April 28, 2014
Effective:	Upon Approval

WHEREAS, Virginia Tech students participate in a variety of educational programs overseas, including but not limited to faculty-led, bilateral exchange and direct-enroll programs; and

WHEREAS, It is important for the office of Education Abroad and those leading the various educational programs abroad to be aware of student health issues prior to departure and to be well prepared to handle student health issues that may arise while abroad; and

WHEREAS, The office of Education Abroad, in consultation with the office of Legal Counsel and other appropriate university offices, has developed the attached Voluntary Health Disclosure Form for Education Abroad Participants; and

THEREFORE, BE IT RESOLVED, that the office of Education Abroad be permitted to implement the use of the attached Voluntary Health Disclosure Form for Education Abroad Participants.

## VOLUNTARY HEALTH DISCLOSURE FOR VIRGINIA TECH EDUCATION ABROAD PARTICIPANTS

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

Program Location: \_\_\_\_\_ Program dates: \_\_\_\_\_ to \_\_\_\_\_

Virginia Tech Education Abroad encourages you to complete and submit this voluntary form at least one month prior to departing for your overseas program. Please consult with your healthcare providers and program leader/s to discuss this form and your needs related to the Education Abroad experience, including recommended/required immunizations. Even mild physical or psychological disorders can become serious under the stresses of life while studying abroad. For this reason, it may benefit you to make the Education Abroad Office and/or program leader/s aware of any medical or psychological conditions that could affect you while abroad so that any questions related to your health and well-being can be addressed in advance.

Because care in some program locations differs from care in the US, accommodation of individual needs or circumstances cannot be guaranteed in every program location. If you would like to speak to Virginia Tech staff about personal concerns relevant to your education abroad or to verify resources available at your destination, please contact the Education Abroad Office (540- 231-5888). You may also contact your program leader or the Schiffert Health Center (540-231-6444), Cook Counseling Center (540-231-6557), and Services for Students with Disabilities (540-231-3788). General guidance on vaccinations and other health precautions may be found on the websites of the Centers for Disease Control (CDC) (<http://www.cdc.gov/travel>), the World Health Organization (WHO) (<http://www.who.int/en/>), and the U.S. Department of State (<http://www.Travel.State.Gov>).

**Education Abroad will keep the information you disclose on this form confidential, sharing it only as necessary and appropriate with university and program personnel essential to providing for your health and well-being while abroad.**

- By checking here, I choose to disclose the information requested on this form (please proceed to page 2 and answer any questions that you feel are relevant.)*
- By checking here, I choose not to disclose the information requested on this form (please stop here, sign directly below and submit this page only to the Education Abroad Office [526 Prices Fork Rd (0378), Blacksburg, VA 24061] at least one month prior to your departure.)*

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

*Invent the Future*

## VOLUNTARY HEALTH DISCLOSURE FOR VIRGINIA TECH EDUCATION ABROAD PARTICIPANTS

*Please answer any questions you feel are relevant, attaching an additional page if necessary.*

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1. Do you have/have you had any serious or chronic illnesses, surgery or injuries that may affect your health while abroad? **YES / NO** – If yes, please explain.

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2. Do you have allergies (e.g., to food, medications, insect bites, animal dander, plants, pollen, etc.)? **YES / NO** – If yes, please explain and include any ongoing treatment required abroad.

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3. Do you have any mobility or physical activity restrictions (due to a disability, obesity, or cardiac condition) that may require accommodations to fully participate in the study abroad program? **YES / NO** – If yes, please explain the type(s) of services that you might require.

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4. Do you have a health condition or disability (e.g. learning disability, attention deficit disorder, diabetes, brain injury, epilepsy, or other) that may require reasonable accommodations to fully participate in the study abroad program? **YES / NO** – If yes, please explain.

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5. Do you have a hearing or visual loss that may require reasonable accommodations to fully participate in a study abroad program? **YES / NO** – If yes, please explain.

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6. Will your participation in full-time academics or other program elements be limited in any way because of health conditions or special needs requirements? **YES / NO** – If yes, please explain.

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7. Are you presently seeing a counselor or other medical professional for emotional, psychological, or other conditions (e.g., addiction, depression, anxiety, eating disorder, or a condition related to grief) that will require on-going treatment abroad? **YES / NO** – If yes, please list specifically the type of service or professional needed.

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**VOLUNTARY HEALTH DISCLOSURE  
FOR VIRGINIA TECH EDUCATION ABROAD PARTICIPANTS**

8. Are you currently taking prescription medication? **YES / NO** – If yes, list below any prescription medications that you take including the dosage, frequency of medication, and include your plan for continued use while abroad. (Please review the CDC Traveler’s Health website for important advice on taking prescription medications overseas: <http://wwwnc.cdc.gov/travel/page/pack-smart>)

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9. Is there any additional information that would be helpful for the program to be aware of during your study abroad period? **YES / NO** – If yes, please explain.

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**Declaration**

*I certify that I have had the full opportunity to read and consider the contents of this authorization. I understand that by signing this form, I am confirming my authorization that the University may use and/or disclose the protected health information described in this form to all persons and organizations with a need to know. Furthermore, I certify that all of the responses made on this form are true and accurate, and that I will notify the Education Abroad Office hereafter of any important changes in my health that occur prior to the start of the program. Any requested accommodations will be discussed on an individual basis with other university offices as deemed appropriate. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation. I understand that the cost of medical attention and ambulance are not the responsibility of Virginia Tech, its employees, agents, representatives, teachers and/volunteers.*

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please return this form to the Education Abroad Office (526 Prices Fork Rd [0378], Blacksburg, VA 24061) at least one month prior to your departure.*