

**Mailing Address**

P.O. Box 3987  
Atlanta, GA 30302-3987  
T: 404-413-2529  
F: 404-413-2531

## Study Abroad Health Questionnaire

Name of Director(s):

Name of Program:

Location(s) of Program:

Dates of Program:

**Setting:**

- ☐ Urban  
☐ Rural

**Housing:**

- ☐ Hotel ☐ Home Stay  
☐ Hostel ☐ Dorm  
☐ Other (Please Specify Below)

Average Walking Distance (Miles Per Day)

**Exposures:**

- ☐ Animals ☐ Sun  
☐ Altitude ☐ Patients/Medical Care  
☐ Humanitarian Aid ☐ Motion Sickness Trigger  
☐ Other (Specify Below)

**Necessary Abilities:**

- ☐ Climbing ☐ Carrying Luggage  
☐ Swimming ☐ Biking  
☐ Hiking/Long-Distance Walking ☐ Other (Specify Below)

For information on vaccination and medication, please read over the [CDC country page](#) for the countries to be visited during this program. Please list any indicated vaccinations or medication needed for travelers: