

Study Abroad Health Questionnaire

Name of Director:

Name of Program:

Location(s) of Program:

Dates of Program:

Setting:

Urban

Rural (Specify Province)

Housing:

Hotel

Home Stay

Hostel

Dorm

Other (Please Specify Below)

Exposures:

Water

Sun

Altitude

Patients/Medical Care

Necessary Abilitites:

Humanitarian Aid

Motion Sickness Trigger

Climbing

Carrying Luggage

Animals

Other (Specify Below)

Swimming

Biking

Hiking/Long-

Distance Walking

Other (Specify Below)

Vaccinations or medication needed for travelers in past years: