

FORM #3: Health Information—submit online

Name _____ SS# _____

Country of Study _____ Semester and Year _____

Because a program of study abroad can be demanding and health care in other countries is different than in the United States, you can use this form, if you wish, to share with our program administrators information that you consider important to your health. They may be able to assist you with your needs. The sharing of this information is voluntary. You may want to consider the following health conditions when completing this form:

- Chronic medical conditions
- Temporary medical conditions
- Allergies and/or dietary restrictions
- Medication that you will bring overseas
- Psychological conditions

If you don't have any health concerns we should know about, simply write your name, social security number and program on the form and return it to DIPA.

The sharing of this information is voluntary and will be treated as confidential. (See the release statement below.)

By submitting this form, I understand that, under the Family Educational Rights and Privacy Act, the information I set forth on this form may be disclosed to Syracuse University personnel who have a legitimate educational interest in the information and in the event of a health or safety emergency. The University believes that this may include, but is not necessarily limited to, DIPA Program Administrators in Syracuse and abroad, the Syracuse University Health Center, and Syracuse University Disabilities Services personnel.

Complete this form online at <http://suabroad.syr.edu>