

It is very important for program leaders to be aware of any medical conditions, disabilities or other special conditions that may need to be accommodated during the program. Please answer the following questions as fully as possible.

1. Do you have any physical or emotional problems that the program leader should be advised of in the case that you might experience difficulty with travel, change of location, or increased physical activity?
2. Do you have any dietary, allergic, or other medical conditions? If so, please indicate:
3. To your knowledge, are there any predisposing medical, surgical, or emotional factors that may, under stress or duress during a program, present a need for immediate intervention while abroad?
4. Please list any serious illnesses you have had in the past three years. Are you currently being treated for any illness or condition? If so, please indicate:
5. Do you have any learning disabilities that will require special attention or accommodations in the learning environment? If so, please indicate:
6. Who should we contact in case of an emergency? (indicate below)

Name: _____ Relation to You: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone _____ Email: _____

I hereby affirm that all information supplied on this form is true and accurate. In the event of injury or illness to the undersigned, I hereby authorize the representative of the University of Arkansas, at my expense, to secure necessary treatment, including the administration of an anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be returned to the United States, at my expense.

Applicant's Signature

Date