

Medical Information Form

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|---|---|
| Student Name | Student Number |
| <input type="text" value="Yuhao Zhai"/> | <input type="text" value="1901089956"/> |

Do you have any medical, psychological, or psychotic condition that could interfere with your participation in our study abroad program? *

Do you have a learning disability that could interfere with your academic activities while you are on the study abroad program? *

Are you currently undergoing any medical or psychological treatment? *

Do you required any ongoing medical attention? *

Do you have any restrictions on physical activity? *

Would these restrictions influence your housing needs? *

Do you have any dietary restrictions? *

Do you have any allergies (food, medicine, other)? *

Please Describe: