

CONFIDENTIAL HEALTH FORM

*This form must be completed upon acceptance into a Dartmouth off-campus program.
The information will be available only to Off-Campus Programs, the program director, and the College Health Service.*

Name and Class: _____

Department + Location of Program: _____ Year and Term: _____

To students and their parents:

For hundreds of students each year, participation in a Dartmouth off-campus program is a stimulating and rewarding experience. However, traveling and working in off-campus environments have inherent risks. In the event of an emergency, the prime concern of the program director will be the health, safety, and welfare of individual students and the group. But students themselves must bear responsibility for protecting their own health. Participants in off-campus programs must therefore make an effort to understand how the nature and location of particular programs might pose special risks to their welfare. This is especially important in the case of students with chronic medical or psychological problems. Students are urged to explore any concerns they might have with the staff of the College Health Service and/or with the program director prior to departure.

It is important that you be aware that many Dartmouth off-campus programs involve extensive on-site travel and considerable physical exertion, in both urban and rural environments. At some sites, immediate access to primary health care will not be available.

If you have a temporary or long-term disability or special need (examples: eyesight, hearing, or mobility impairments; epilepsy, chronic diseases, dyslexia and other learning disabilities, psychiatric disorders) please see the Student Disabilities Coordinator in the Academic Skills Center, 301 Collis Center, 646-2014, to discuss support services and arrange accommodations prior to your off campus academic program. Any information you supply is strictly voluntary, and the information will be shared only with appropriate College officials in coordinating support services and accommodations.

Problems have occasionally arisen with students needing medical attention abroad for pre-existing health problems. It is in a student's own interest to inform the program director about any medical or psychological problems that may need attention while on the program or that may complicate emergency treatment. Medical facilities in the country or countries you will visit may or may not be capable of dealing with whatever health problems might arise, but their effectiveness is greatly enhanced if the medical personnel have some awareness of the patient's medical history. You are required to inform us of any conditions that may need attention. Failure to do so could cause you serious problems and could also jeopardize the welfare of the program as a whole.

Use this space, continue on back if necessary, to list problems we need to know about, such as: asthma, eating disorders, allergies, or problems of a physical or emotional nature which have substantially affected your academic performance or your physical abilities.

I have read the above information and have disclosed all conditions that I know of that may require attention abroad.

Student's Signature and Date: _____

I have read the above information.

Signature of Parent/Guardian and Date: _____