



## **IBIM Program**

### **CONFIDENTIAL STUDENT HEALTH SELF-EVALUATION**

#### **Why does the IBIM program require a medical report?**

A healthy body and mind are essential for a successful travel abroad experience. New environments, changes in routines, different foods, and unfamiliar customs can impact the physical, psychological, and emotional well-being of students abroad. In addition, availability and accessibility of medical resources abroad may differ from the standards of Bentley and United States. It is important for students to consider ahead of time how they will manage their health abroad and what medical problems they may encounter. The medical report allows Bentley staff to assist individual students in planning a safe and healthy experience.

#### **Who will review the medical report?**

Professional Bentley IBIM staff will review all medical reports and may contact a program participant to discuss certain information. Bentley staff will assist students in identifying any necessary resources here at Bentley and at the program site abroad. With the permission of the student, certain information may be shared with staff at the host institution to help facilitate services and care abroad. In the event of a medical emergency in which a student is not able to communicate with medical personnel, Bentley may forward the report to assist in the provision of appropriate diagnosis and treatment.

#### **Will information provided in the report prevent a student from studying abroad?**

The medical report is intended to help students and is not intended to restrict access to the IBIM program or any travel abroad. It is important that students be completely honest on the form and do not omit any of the information requested. Students with any serious physical, psychological, or emotional health concerns should carefully discuss their plans with their families, health care providers, and an IBIM adviser.

#### **Will the medical report become part of a student's academic file?**

The medical report will not become part of a student's permanent academic file. All medical reports will be filed by a Bentley staff member and will be kept separately from students' general education abroad file.

#### **How long will Bentley retain the medical report?**

Bentley will destroy medical reports after students graduate.

#### **Campus Resources:**

Student Health Services: 781-891-2222

Counseling and Student Development: 781-891-2274

# Bentley IBIM Student Health Self-Evaluation

Name \_\_\_\_\_ ID#@ \_\_\_\_\_  
 IBIM Program (Tilburg/Deusto) \_\_\_\_\_ Term \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

**To be completed by the student:** Please complete and sign this form and return it to the Cronin International Center (CIC) along with the other acceptance paperwork for your program. **PLEASE NOTE: Information provided in this form will in no way impact your previous acceptance into the IBIM program.**

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you hold religious beliefs that might impact the provision of emergency medical treatment while you are abroad? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give details. \_\_\_\_\_

Are you required to or do you wear a health emergency bracelet? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, for what condition? \_\_\_\_\_

Have you had or do you currently have any of the following conditions? Please mark all that apply, specifying the date, whether past or current. If yes, please detail information. Attach additional sheets if necessary.

Medical Condition	Past Date	Current	If yes, please detail information
1. Alcohol/Drug abuse	_____	_____	_____
2. Allergies	_____	_____	_____
3. Asthma	_____	_____	_____
4. Anxiety	_____	_____	_____
5. Cancer	_____	_____	_____
6. Chronic Condition	_____	_____	_____
7. Depression	_____	_____	_____
8. Diabetes	_____	_____	_____
9. Eating Disorder	_____	_____	_____
10. Epilepsy/Seizure Disorder	_____	_____	_____
11. Frequent Trouble Sleeping	_____	_____	_____
12. Heart Disease	_____	_____	_____
13. Hypoglycemia	_____	_____	_____
14. Musculoskeletal pain/injury	_____	_____	_____
15. Thyroid Condition	_____	_____	_____
16. Other:	_____	_____	_____

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Are you currently taking any medications? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, which medications and for what? \_\_\_\_\_

Have you had any injuries which have required hospital/ER attention? (i.e.: major accident, etc.) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when and for what? \_\_\_\_\_

Have you ever been hospitalized? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when and for what? \_\_\_\_\_

Have you had any surgical procedures? YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, when and for what? \_\_\_\_\_

What is your condition as a result of the surgery? \_\_\_\_\_

Have you ever seen a psychologist, psychiatrist, or counselor? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, list dates: \_\_\_\_\_

If yes, please describe the condition: \_\_\_\_\_

Have you ever been hospitalized for psychiatric treatment? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, when and for what? \_\_\_\_\_

Did or does your treatment require medication? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list medications: \_\_\_\_\_

Current Status: \_\_\_\_\_

Do you have a documented disability as defined by the Americans with Disabilities Act? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state the nature of the disability \_\_\_\_\_

In which areas does your disability currently impair your ability to perform daily academic activities? \_\_\_\_\_

Are you requesting any academic activity accommodations or other necessary services from the CIC for the above listed disability? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, separately please provide documentation from the Coordinator of Disability Services.

In signing this document, I verify that all of the medical and psychological information I have provided is accurate and complete, and I agree to notify Bentley College and the CIC immediately of any relevant changes in my health that occur prior to the start of the program.



**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_