

Study in Portugal Network (SiPN)

Health and Special Needs Form

The study abroad experience is one that takes planning and preparation. It is important that health and/or special needs information is provided well in advance. The following information will remain confidential and will not affect your eligibility for scholarships or any other aspect of the Study in Portugal Network (SiPN) program.

Name: _____ (PRINT NAME)

Study Abroad Term (check all that apply):

Summer _____

June

July

August

Internship A (June & July)

Internship B (July & August)

Other/Comments

Fall _____ Full Year _____ Spring _____

Other/Comments

1. Are you currently receiving any medical treatment or taking prescribed medications?

If yes, please name the medication and briefly describe the condition.

NOTE: Some medications may not be legal in your study abroad location.

Yes

No

2. Have you ever or are you currently receiving counseling or psychotherapy treatment for any psychological or mental condition?

If yes, please state approximate dates and briefly describe the reason.

- Yes
 No

3. Do you have a documented learning disability on file with your home school?

If yes, please describe your disability and the accommodations you would like to have during your study abroad experience. You should make an appointment with the disability coordinator on your campus to obtain necessary documentation for your study abroad experience.

NOTE: Some accommodations may not be available through our program, but we will endeavor to inform you of these once we receive this document.

- Yes
 No

4. Do you have any disabilities or dietary restrictions based on doctors recommendations?

If yes, please describe.

- Yes
 No

Communication Approval:

It is important that you communicate information to your parents/guardians about the study abroad program details, academics, financial components, as well as your health and wellness arrangements that may need to be made before, during, or after your time abroad. There may be circumstances where a representative of SiPN needs to discuss a variety of matters with your parents or guardians. Please read the following statements and check the box regarding what information we can discuss with parents/guardians.

Please sign below once you have checked and filled out the appropriate box.

- Yes**, I authorize the SiPN Program and/or my university officials to communicate with my parents/guardians/other (referenced on my pre-application form) regarding all issues involving my study abroad experience. This may include, but is not limited to, student account information, student conduct issues, health and safety, or academics. I expressly waive any privacy rights I may otherwise have under FERPA and HIPAA. Such contact may occur before, during or after the program ends.
- No**, I do not wish to waive my privacy rights under FERPA and HIPAA. I understand that means that the SiPN Program and its constituents may be unable to help me in certain circumstances.

Signature

(Fill out and submit this document by printing, signing, and scanning to your computer. Then upload it to your SiPN protected account in the designated area of your application. If you have any trouble with scanning and/or uploading, please email your signed and completed documents to applications@studyinportugalnetwork.com or fax to +351 21-392-8772)