EDUC 3830 or STDA 2040 in Yucatan 2006
HEALTH STATEMENT

Name of Applicant:_____ Date:

General state of health: _____ excellent _____ good _____ fair _____ poor_____

1. Please describe any health concerns you have at this time:

2. Do you have any dietary restrictions or food allergies?
If so, please explain:

3. Are you allergic to any medication?
If so, please describe conditions and requirements:

4. Do you have any other allergies? (For example, to bee stings, nuts, other allergens)

5. Do you require any regular medication? If so, please describe conditions and requirements:

6. Please note any health history of significant nature (diabetes, asthma, chemical dependency, etc.):

7. Do you have any physical conditions that require special housing arrangements? Any disabilities that require accommodations?