



ALLERGY AND DIETARY NEEDS FORM

If you are participating in a VT program, return this form to the sponsoring department or office

If you are participating in a student exchange or non-VT program, return this form to:

Education Abroad/OIRED

International Affairs Offices, Pack Building, 526 Prices Fork Road, Blacksburg VA 24061
Tel. 540-231-5888 Fax: 540-231-5164 Email: vtabroad@vt.edu

In order to facilitate a successful academic experience abroad, please complete this form. Although this disclosure does not guarantee that you will not experience health problems or illness abroad, it is hoped that this disclosure will facilitate appropriate responses to health-related issues that may arise, as well as thoughtful discussion about health issues in advance of the program. The goal is for you to have a positive experience. The information disclosed on this form will be used confidentially by VT faculty and education abroad administrators. If you have questions about this form, contact Education Abroad at (540) 231-5888.

It is recommended that you have a physical exam and a dental check-up before departure, and that you consult with you medical provider about required or suggested immunizations. If you would like to speak to VT staff about medical resources that may be available onsite, please call (540) 231-5888.

Name: _____ Student ID: _____

Program _____ Location: _____

Program dates: _____ to _____ Gender: _____

1. DISCLOSURE OF ALLERGIES

- I have no known allergies.
 - I have the following allergies, including allergies to food. _____
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2. DISLOSURE OF DIETARY RESTRICTIONS

- I have no dietary restrictions.
 - For purposes of meal planning, I wish to disclose the following dietary restrictions.
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3. HEALTH DISCLOSURE

As a voluntary participant in the education abroad program or student exchange listed above, I recognize that it is my responsibility to inform the program sponsor of any known health issues. It is also my responsibility to ensure I make the necessary arrangements to take all medications, medical supplies, or other items with me during my education abroad program and during all personal traveling I may do before, during, or after the program. I choose to disclose:

I certify that all responses on this form are true and accurate, and I will notify my program sponsor (sponsoring VT department or office for faculty-led programs, Education Abroad for student exchanges and non-VT programs) of any relevant changes in my health that occur prior to the start of the program.

- By checking here, I voluntarily choose not to disclose any information requested on this form.

Signature of Participant _____ Date _____