



PARTICIPANT INFORMATION FORM

Individuals who have a Systemic or Chronic Health Condition

The information provided below will help start our discussions with you in planning for any access or resources you will need while on your study and/or internship abroad program. Please complete the form with any pertinent information and email it to the Program Advisor of your intended study and/ or intern abroad program location.

Although AIFS Abroad is committed to supporting all participants in their study and/ or intern abroad journey, we cannot guarantee that it will be possible to honor all accommodation requests. AIFS Abroad staff will review all requests, consult with onsite staff and host institutions and communicate with you throughout this process.

- Please check this box if you consent to AIFS Abroad sharing this form with staff of the education abroad office at your home institution.**

Confidentiality: You are not required to answer any or all questions. Information that you provide on this form will remain confidential and will be used to ensure your full participation in your AIFS Abroad program. This form was designed from suggestions made by Mobility International USA.

PARTICIPANT INFORMATION

Participant's Name

Email

Study/Intern Abroad Program

Program Term and Year

1. In your own words, please describe your condition:

2. Please describe any accommodations you currently receive at your home institution:

Assistive Devices & Activities

3. Do you need any aids or devices to assist you?
 - Frequently
 - Sometimes
 - Never
 - a. If so, please describe, and explain the maintenance you need for these and how often.

4. Do you use any walking aids, wheelchairs or adaptations to accommodate your condition?
 - Frequently
 - Sometimes
 - Never

5. If you have a service animal, how long have you been matched with your current service animal?
 - a. Please describe what kind of animal and how many you use. Please describe the functions your service animal performs.

6. Do you use an emotional support animal?

Yes

No

a. If yes, please describe what kind of animal and how many you use, what the animal does for you, and in what situations you use them:

b. Are you looking to bring your emotional support animal on the program?

Yes

No

*****Please note that emotional support animals cannot be accommodated in every location and program.*****

7. Do you do activities on a regular basis that help accommodate your condition?

Frequently

Sometimes

Never

a. If you do engage in activities, do you need any assistance when engaging in these activities?

8. Do you use a laptop computer?

Yes

No

9. Will you bring your computer with you while you are abroad?

Yes

No

10. What software or applications do you use and in what situations do you use them?

Housing

11. Are there any reasonable adjustments that you would require related to your housing?

- Yes
- No

a. If so, please describe below.

Medical Care

12. Have you discussed your intention to participate in your program abroad with your medical health professional?

- Yes
- No

13. Do you need to bring medical documents with you while you are on the program?

- Yes
- No

a. If so, do you have those documents translated into the country's language?

- Yes
- No

14. Can you describe your history of hospitalization if any? (Including how long were you hospitalized and what may be needed should you require hospital care abroad)

15. Do you have any medications that you need to take on a regular basis?

- Yes
- No

a. If so, have you discussed taking this medication abroad with your medical provider?

- Yes
- No

b. If so, will you be able to take enough medication with you for the entire time you are abroad?

- Yes
- No

c. If no, have you planned with your medical provider how you would receive additional medication or alternative methods to manage your condition?

- Yes
- No

d. If so, please describe any special storage conditions or dispensing protocol your medications require:

16. Have you discussed with a medical professional if your medication is legal to bring into your host country?

- Yes
- No

- a. If so, do you know how much you can legally bring with you?
- Yes
 - No

17. Do you need to regularly keep in contact with a doctor while you are traveling?

- Yes
- No

a. If yes, will you keep in contact with your doctor at home?

- Yes
- No

b. If yes, will keep in touch with your doctor at home, will you do so via phone, email, Zoom, etc.?

c. If so, will you need a local doctor during your program?

- Yes
- No

18. Are you currently seeing anyone from the mental health profession regarding your condition?

- Yes
- No

a. If yes, have you discussed with mental health provider if they can provide telehealth for you while abroad?

- Yes
- No

b. If no, would you need to establish communication with a mental health professional while abroad?

- Yes
- No

Aggravating Your Condition

19. Do you have anything that might trigger the aggravation of your condition?

a. What would you usually do in those situations?

20. If your chronic health conditions are significantly aggravated while you are in the program, what has your medical health professional suggested as your course of action?

21. If you have ever experienced an aggravation of your chronic condition in the past, were you able to continue your studies or work with accommodations?

Yes

No

a. If yes, what accommodations did you need?

Studying

22. Do you prefer sitting in a particular seat (in front, in the back on a particular side of the room, etc.) or other arrangements when you are in a group setting?

Yes

No

a. If yes, please describe where you prefer to sit or other arrangements in a group setting, and in which situations you find it helpful.

23. In your studies or work, do you typically have an accommodation when attending class or meetings, fulfilling assignments, or taking exams?

Yes

No

a. If you do typically have an accommodation, please list them. For example, is it a notetaker, reader, extended time (if so, how long), private room, supervised breaks, etc.?

24. What physical accommodations may you need to manage your chronic condition during academic excursions and field experiences? Examples include: walking long or short distance, field trips, stairs or uneven pavement, bathroom breaks, or needing to stand versus sitting. Please describe below.

Other Accommodations or Services

25. Please describe any other tools or services you use to manage your condition that were not mentioned above:

26. Please tell us anything else that we need to know in order to best support you?

Please email this form to the Program Advisor of your intended study abroad program location as soon as possible.