Isabella Cannon Centre for International Studies  
Domestic Programs Personal Information Form  
v. 9/1/09

Name: ________________________________  Student ID#: ___________  Birth Date: ___________  Gender: ______

Program: ________________________________  Term (Circle One): Fall/ Spring/ Winter Term/ Summer Term  Year: ______

IMPORTANT: The purpose of this form is to help the Isabella Cannon Centre for International Studies be of maximum assistance to you should the need arise during your domestic program experience. The course you have chosen can be very intensive physically and emotionally. It is important that we are made aware of any medical or emotional problems, past or current, which might affect you during your participation in the program. The information you provide will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well being; otherwise, all information will be held in the strictest confidence. The Isabella Cannon Centre for International Studies may not be able to accommodate all individual needs or circumstances. This information does not affect your participation in the program.

Elon students are required to have personal health insurance coverage to be enrolled in the university. The above-named participant is covered by the following personal and health insurance in the US:

Company Name

Policy Number

Please answer all questions and attach additional pages or use back of page if more space is required.

1. Are you in generally good physical condition? Do you have any allergies? Please explain.

2. Have you had any major injuries, diseases, or ailments in the past five years? If yes, please explain.

3. Have you ever been treated or are you currently being treated for any psychological or emotional problems? If yes, please explain.

4. Are you taking any medications? If yes, please explain.

5. Are you a vegetarian or on a restricted diet? If yes, please explain.

6. Is there any additional information-medical, physical, emotional, or educational that would be helpful for the ICCIS to be aware of during your domestic program experience? If yes, please explain.

7. If you are a student with a disability who requires accommodations of any type (testing, classroom, accessibility, etc), please contact the Coordinator of Disability Services, Susan Wise, as soon as possible so that sufficient time is available to make the necessary arrangements. It is important to know that other countries differ in their protections afforded to students with disabilities; you should consider your needs carefully when choosing a study abroad program. Students who are not proactive in making their requests run the risk of significant delay in the provision of such accommodations; in some cases, accommodations may not be offered unless prior arrangements have been made.

Signature of Participant______________________________  Date___________________________