

Voluntary Safety/Health Information/Disclosure Form-UNM Taos International Programs

Program: Yr./Semester
Name: Phone#:
Address: E-mail:
Passport # Expiration date:
Date of Birth: Citizenship:
Emergency Contact Name: Phone#
Mailing address of contact: E-mail:

A. Please write a one page letter about yourself, your academic background, your focus of interest for wishing to study abroad. Please bear in mind that current and accurate health information is important for your safety and welfare when traveling abroad. Advise from your doctor is important before you decide to travel in a foreign country. You should ask your doctor to give his/her opinion regarding your plans to travel. For most current travel abroad information, you can visit the U.S. State Department and Center for Disease Control websites at: [www/travel/state/gov](http://www.travel.state.gov), or call 1-877-487-2778. For more details on UNM International Programs, visit <http://www.unm.edu/~oips>, or taos.unm.edu/internationalprograms, or contact UNM Taos International/Program Coordinator.

B. Read and complete this VOLUNTARY Safety/Health Information/Disclosure Form:

1. I am physically fit and accustomed to standing/walking/hiking and engage in physical activities daily. Yes _____ No _____
2. List any current and past health issues that may cause concern that you wish to disclose:

3. Do you require any medication that we should be aware of? _____

4. Do you have any dietary requirements? Yes _____ No _____

5. Allergies: _____

C. Please read the following paragraph carefully before you sign this form:

I understand that walking/hiking/swimming will/may be part of this trip. I am aware that living conditions in foreign countries will be different from the United States. I take full responsibility to stay in good health and participate in all physical and academic activities during the trip unless I am excused by the instructor. I agree to observe UNM conduct code, { <http://www.unm.edu/~sac/policies.html#studentcode> }, and participate in all group activities. I understand that if I am disruptive or engage in illegal acts, I must leave the group to go home at my own expense and pay all legal costs. I have read and clearly understood information given to me regarding this program. I understand fully what is required for me to study abroad with UNM Taos International Programs. I have given personal and medical information voluntarily. I authorize UNM Taos Faculty/group leaders to seek medical care for me if necessary while I am in the study abroad programs.

Signed _____ Date _____

Print name _____ Send personal information letter/completed form to:
UNM Taos, International Program Office, Rm. #3, 115 Civic Plaza Dr., Taos, NM 87571

