

## Sweet Briar College, JYF in Paris

### HEALTH AND WELLNESS ABROAD

**TO THE STUDENT:** Your health and safety are of the utmost importance to us. Living and studying in an unfamiliar environment is an enriching experience. It can also be a physically and mentally challenging one that has the potential to exacerbate pre-existing conditions and/or trigger new emotional or health concerns. It is important to discuss your travel plans with your medical professional and to fully disclose any physical or psychological pre-existing conditions or special needs with JYF in Paris so that we may help properly prepare you for your experience and make arrangements for any necessary special needs. The information will be shared only with certain personnel at JYF in Paris, medical providers or hosts, if necessary, and except in unusual cases, answers will not affect your admission to the Program.

#### Self-Assessment

*The purpose of this self-assessment is to help you prepare for your time abroad by considering important issues and in consultation with your medical professional, a dean, or the off-campus study office.*

- Do you have a health condition or disability for which you may require reasonable accommodations while in Paris? (e.g. learning disability, attention deficit disorder, diabetes, brain injury, hearing or visual loss, epilepsy, or other condition)
- Do you have any serious food, drug, animal, or other allergies?
- Are you on a medically restricted diet, or have other dietary restrictions/needs, e.g. being a vegan or vegetarian?
- Are you currently taking any medications (Prescription or OTC)?
- Are you currently being treated for any physical health condition, injury or disease, or have you suffered from a health condition in the past you are concerned may re-emerge while abroad?
- Are you currently being treated for any mental health condition (including the use of psychiatric medications), or have you suffered from a mental health condition in the past you are concerned may re-emerge while abroad?
- Have you struggled with transitions in the past?
- Is there any additional information that would be helpful for JYF or your host family to be aware of during your time in Paris?

*If you answered YES to any of the above questions:*

#### **Be proactive, disclose, and plan ahead:**

- Prepare in advance for what you need to stay healthy by discussing your plans with your health care providers to assure you have the resources and medications supply you need for the duration of your stay
- Bring documentation on your condition(s)
- Speak to JYF about your needs and understand what services will be available to you on site.
- Put a plan in place to access the resources or treatments you need while abroad.
- Communicate your needs to those around you.

**Understand your health insurance:** In addition to other personal health insurance you may have while at home, you will be covered by a required CISI insurance plan during your semester/year with JYF. This comprehensive plan provides coverage for medical expenses as a result of accident or a covered sickness, including a maximum reimbursement for pre-existing conditions. (Please refer to the CISI policy brochure).

**Note:** It is important to understand that, in most cases, you will be required to pay your provider at time of service (usually a relatively smaller amount than you would pay in the US for basic services). JYF staff will assist you to file a claim for reimbursement.

**If you have any questions, don't hesitate to contact JYF at [jyf@sbc.edu](mailto:jyf@sbc.edu) or (434) 381-6109.**

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**Please return the completed form to Student or JYF**  
by **June 1** (for Fall and Year) or **December 1** (for Spring)  
Fax to (434) 381-6283 or mail to JYF in Paris, P.O. Box 1075, Sweet Briar College, Sweet Briar, VA 24595  
**Student: please upload to your JYF application**

Sweet Briar College, JYF in Paris

CONFIDENTIAL HEALTH HISTORY

To be completed either by your personal healthcare provider or your college’s health center.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization: I authorize my physician to provide information regarding the status of my health to the staff of the JYF in Paris program to consult with my physician, if necessary. I have disclosed all pertinent health information, physical and psychological, and any treatment and medications I have taken within the past five years.

Student’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO THE HEALTHCARE PROVIDER: The purpose of this form is to help our staff to be of maximum assistance to the student, should the need arise. It is important that we be made aware of any medical or emotional problems, past or current, which might affect the student while in France. The information provided will remain confidential and will be shared with the staff or appropriate professionals only if pertinent to the student’s well-being. Please provide a careful and complete evaluation of this student’s health and how it may be affected by the study abroad experience. Please consider, in particular, the case of an unconscious student being treated in a hospital with this report constituting the sole medical history.

Please provide details on the reverse side or attach a separate sheet.

Does the student have any dietary restrictions? \_\_\_ Yes \_\_\_ No. Specify: \_\_\_\_\_

Does the student have any allergies to foods, environment, or medication? \_\_\_ Yes \_\_\_ No  
Specify: \_\_\_\_\_ (specify medication name, not brand name)

Does the student use any regular medication – prescription or otherwise? \_\_\_ Yes \_\_\_ No  
Please specify medication name – not brand name - and dosage and have you discussed with the patient how he/she will have access to it while in Paris? \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_

Is there any existing health condition that may require treatment during the year/semester in France? If so, what is the condition and what treatment may be required? \_\_\_ Yes \_\_\_ No

Does the student have any history of physical disability, chronic illness, or a mental health condition that might cause hardship during travel (ex: carrying luggage, change of diet, or life in a large city)? \_\_\_ Yes \_\_\_ No

Any additional information that we should know? \_\_\_\_\_

Name of Physician \_\_\_\_\_

Address & Phone \_\_\_\_\_

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_

CONFIDENTIAL MENTAL HEALTH HISTORY

TO THE STUDENT

Living and studying in an unfamiliar environment can be an enriching experience as well as a physically and mentally challenging one that has the potential to trigger and/or exacerbate emotional or health concerns. It is important to discuss your travel plans with your medical professional and to fully disclose any physical or psychological condition pre-existing conditions or special needs with JYF in Paris so that we may help prepare you for your experience and make arrangements for any necessary special accommodations, if necessary.

TO BE COMPLETED & SIGNED BY STUDENT: Student Name: \_\_\_\_\_

Have you ever suffered from or been treated for (including the use of psychiatric medication):  
Mental health condition (e.g. depression, anxiety, eating disorder, adjustment issues)? \_\_\_ Yes \_\_\_ No  
Substance Abuse (alcohol or other drugs)? \_\_\_ Yes \_\_\_ No

Are you currently in mental health treatment (including use of medications), or planning to seek treatment in the near future)? \_\_\_ Yes \_\_\_ No

Indicate any services or accommodations you believe you will need during your time in Paris.  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please fill in and sign below and have your provider complete the Treatment Provider section below.

If no, please sign and date below.

I, \_\_\_\_\_ (student), give permission to \_\_\_\_\_ (my treatment provider) to share information about my mental health treatment and to provide any additional information about my needs to the FYF in Paris staff to help them better understand and accommodate my needs while in Paris.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO MENTAL HEALTH TREATMENT PROVIDER (If Applicable):

\_\_\_\_\_ (student's name) sought mental health treatment from me on the dates listed below. I believe the concerns addressed in treatment can be effectively managed by the above named student while she/he is studying abroad. Additionally, I recognize that mental health support services may be very limited while she/he is abroad.

Date(s) of Service: \_\_\_\_\_

If there is additional information you believe JYF in Paris should have regarding the student to help ensure a successful study abroad experience, please submit that information as an attachment to this form.

Provider name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sweet Briar College, JYF in Paris**  
**EMERGENCY MEDICAL RELEASE AND CONSENT TO TREATMENT**  
**While studying with JYF in Paris**

**TO BE COMPLETED BY STUDENT:**

Please complete the following emergency information. This form, in conjunction with your Confidential Health History Form, will help to obtain appropriate attention in case of illness or emergency.

Student Name: \_\_\_\_\_

I agree to notify JYF in Paris of any significant changes in my physical/mental health that occur after I submit this form.

1. In the event of an emergency abroad, I authorize JYF to:
2. Release my confidential health records to the health care providers abroad should the program deem such information to be essential to my well-being.
3. Hospitalize and/or secure proper treatment for me in case of medical emergency and in the event that:
  - I am unable to communicate;
  - JYF is unable to communicate with my parent/guardian/emergency contact, and/or;
  - According to JYF staff's best judgment that further delay may jeopardize my physical well-being or life.
4. Notify my emergency contacts listed below

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY PARENT(S)/GUARDIAN(S):**

In case of an accident or illness emergency JYF will, at once, attempt to contact the parents/guardian. However, because on rare occasions, a medical emergency arises and we are unable to contact a parent/guardian(s) listed above, we need to have a definite answer to the following question:

In case of emergency illness requiring surgery, if the parents cannot be quickly reached, will you leave the decision to the physician, program director &/or assistant director? \_\_\_\_ Yes \_\_\_\_ No

If the answer is "No", kindly explain: \_\_\_\_\_

*Note: Students who operate scooters, motorcycles, automobiles or bicycles should be insured for liability and property damage.*

**Parent/Guardian/Emergency Contact #1**

**Parent/Guardian/Emergency Contact #2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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