



Graduate Student Medical Self-Disclosure Form

Basic information (※)

Name in English: _____

Name in Chinese (Chinese citizen only): _____

Gender: _____ Date of Birth: _____ Nationality: _____

Chinese ID(身份证) / Passport NO.: _____

Phone Number: _____ DKU Net ID: _____

Major: _____

Instructions

The following form is required for all student participants on a Duke-administered summer or semester study abroad or Duke-administered domestic program (study away), including the Global Learning Semester and all other undergraduate programs at Duke Kunshan University. The information you provide below is designed to help the Duke Kunshan Campus Health Services to be of maximum assistance should the need arises during your tenure at Duke Kunshan. Mild physical or psychological disorders are sometimes intensified under the stress of a study abroad/away experience and can become quite serious; moreover, there may be fewer resources in international settings to help a participant deal with any emotional or psychological difficulties.

It is important that the program director and on-site staff be made aware in advance of any and all physical or mental health problems or concerns, past or present, which might affect you while you are abroad-- even if you do not believe that your condition might create a problem. It will be the student's responsibility to follow up with the Duke Kunshan University Student Affairs Office with specific requests for accommodations. Student Affairs at Duke Kunshan, in consultation with other relevant program office(s), can then determine the feasibility of any accommodations as requested for the Duke Kunshan University.

Student participants with known and ongoing medical problems, such as allergies or diabetes must take special precautions in preparing for and managing their health while away from campus. You need to anticipate how your new environment and the stresses of study abroad/away can impact your health. Be sure to talk to your primary medical care provider beforehand if you have any questions or concerns.

The information/data provided will be treated as "PHI" (Protected Health Information) and will remain confidential. It will only be shared on a need to know basis with the program director(s) and on-site staff only if pertinent to your well-being. This information does not affect your admission into the graduate program. Send your completed form to campushealth@dku.edu.cn

(*) Indicates the question is required.

1. Medical/Physical Conditions (*)

Do you have any general health conditions, including allergies, headaches, vision problems, anemia or bleeding disorder, diabetes, asthma/lung disease, epilepsy/seizures, ulcer/colitis, high blood pressure or back/joint problems, of which we should be aware and which might affect your ability to engage in strenuous physical activity? If so, please explain below.

2. Mental Health Conditions (*)

Do you have any mental health conditions, such as depression/anxiety, substance abuse (alcohol or drugs), eating disorder (anorexia/bulimia) or other conditions? If so, please explain below.

3. Treatment (*)

Have you consulted or been treated by a psychiatrist, psychologist, clinical social worker, drug/alcohol counselor, or other medical or mental health professional? (If yes, give details.)

4. Medications (*)

Please list any medications you take regularly, prescription, or non-prescription for either physical and/or mental health problems. Also list any medication you carry for possible use, such as inhalers, bee sting kits, epinephrine, etc. *Note: If you regularly take medication, check the expiration date and bring a spare supply; if studying abroad, you are also responsible for ensuring that all medications are legally permissible in the host country.*

5. Contact Lenses or Glasses (*)

Do you wear contact lenses or eyeglasses?

6. Hearing Aid (*)

Do you wear hearing aid(s)? If yes, indicate right, left, or both. If no, select "Not Applicable".

7. Prosthetic Joints or Devices (*)

Do you have or use prosthetic joints or devices? If yes, please explain below.

8. PRINT Name: _____

Signature (**): _____

Date: _____

Please **PRINT** your name in the field provided above to acknowledge the following statement.

I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information, including notification to Duke Kunshan Office of Student Affairs of changes in my health affecting the accuracy or completeness of the information contained in this form, may result in my dismissal from the program. I agree to notify the Duke Kunshan University Campus Health Services (+86 0512 3665 7228) of any material changes in my health that occur prior to the start of the program or during the program.

****e-Signature is acceptable if completing a pdf version of this form**