



2018
Indonesia Field Study Program-Indonesia

Review of Health-Related Risks and Health-Related Questions

I have been given a thorough verbal review of the potential health-related risks that I may encounter if I participate in the IFSP-Indonesia Program (in addition to those outlined in the program application form: *University of Washington Assumption of Risk and Consent for Treatment for Adult International Study Participants*).

I also have been asked to review and carefully consider a number of health-related questions (attached) that are of relevance to one's participation in the IFSP-Indonesia Program. I understand that I am neither obligated nor required to disclose to the IFSP-Indonesia Program staff information relating to the questions.

I have been given an opportunity to voluntarily disclose and discuss with the IFSP-Indonesia Program Director or staff, health-related information, issues, or concerns that may impact my health/safety or the health/safety of the other participants/staff during or following participation in this IFSP-Indonesia Program.

Signature

Date

Print Name

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Health-Related Questions for Consideration and Discussion

1. Do you know your Blood Type?
2. Any known allergies?
 - Any allergic reactions to medication?
 - Any allergic reactions to insect bites?
 - Any allergic reactions to foods?
3. Are you currently taking any prescribed medications?
4. Are you a vegetarian?*
5. Are you currently on a restricted diet?
6. Have you ever suffered from an eating disorder?
7. Have you ever suffered from asthma or any other respiratory ailments?
8. Do you have any speech, hearing, or eyesight impairments?
9. Do you use corrective lenses?
10. Do you have any physical disability that might cause hardship through change of diet, strenuous travel, or physical exertion?
11. Are you sun sensitive?
12. Have you ever been treated for diabetes, high blood pressure?
13. Have any of your internal organs been removed (e.g., spleen, kidney, appendix)
14. Have you ever suffered from alcoholism or drug addiction?
15. If you have traveled overseas, did you ever experience any physical or emotional health problems during the trip or following your return home?
16. Do you have a history of emotional disturbance such as: difficulties in relations with parents, authority figures or peers?
17. Are you currently under treatment or observation for any physical or psychological condition (e.g., mood swings, depression, sleep disorders, phobias, unusual degree of anxiety)?
18. Do your religious beliefs place limits on your willingness to accept conventional medical treatment?

* Please be aware: vegetarian diets are extremely difficult to accommodate in this field study program.

NOTE. As a participant in the IFSP-Indonesia Program, it is your responsibility to update your vaccinations and obtain any pre-trip immunizations/meds. Consult your health care provider and/or the Hall Health Travel Clinic for recommendations on immunizations and related travel health issues.