Healthcare Provider Discussion for Study Abroad

To the student: After completing the Health Information Self-Assessment Form in DIS student registration, if you answer “yes” to any of the questions, take the print out of the complete form, along with this form to talk to your healthcare provider(s). Neither the self-assessment nor this form is collected by DIS. They are instead tools to assist you in preparing for your own health abroad.

Prior to meeting with your healthcare provider(s), be sure to review the resources on the DIS website for the particular question(s) where you answered “yes”. If you have any questions in preparation for, or after, the meeting with your medical provider(s), please be in touch at Health.Accommodation@dis.dk.

To the healthcare provider: Thank you for taking the time to meet with the student to discuss their time abroad. The student plans to participate in a program through DIS in Denmark/Sweden. Living and studying in an unfamiliar environment can trigger physical and emotional stress and exacerbate current health issues. Familiar or reliable healthcare or medications might not be readily available to the student while abroad. DIS does not have a student healthcare center so students utilize the Danish/Swedish healthcare system for any care. You are asked to:

- Review the student’s medical history and DIS Health Information Self-Assessment Form.
- Discuss the student’s medical situation with him/her in light of how it may affect the student’s international experience.
- Ask the student about the demands of the specific program/experience in Denmark/Sweden as well as other countries the students may visit during their time abroad (both with DIS and on their own time).
- Advise the student regarding how potentially dramatic changes in climate, diet, living arrangements, social life, and study demands may affect him/her abroad.
- Discuss possible accommodations the student should make to their plans or request with DIS.

Notes from the discussion (next steps, questions, continuation of care plan, etc.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________