



STUDY ABROAD PROGRAM

StudyAbroad@iona.edu

Review of Health, Academic, and Behavior Concerns

Please read this sheet carefully and fill in all blanks. Please use N/A to indicate Not Applicable.

Name: _____ Student I. D. #: _____
(1) (2)

Health

Please provide the name of your health insurance provider:

(3)

Please verify that your insurance coverage will protect you while you are in **Poland**. That is, your coverage should be able to reimburse you for the expense of emergency room visits, hospital stays, or doctors' visits in an office or to the dormitory, as well as for emergency evacuation to the United States if necessary.

If your present coverage is not sufficient, it is your responsibility to purchase the protection necessary for your stay in **Poland**, including coverage for emergency room visits, hospital stays, doctors' visits, and emergency evacuation to the United States in the event of serious illness. Iona cannot take responsibility to pay any bills incurred by you.

My present coverage (IS) / (IS NOT) sufficient to handle the situations described above (Circle one).
(4)

If it IS sufficient: My signature at (5) certifies my present coverage is sufficient.

If it IS NOT sufficient: My signature at (5) certifies that I will obtain the necessary additional coverage for the program in **Poland**.

Signed _____
(5)

Please indicate here any allergies or chronic health problems that could affect your ability to live in **Poland**: _____
(6)

Please certify that you do not abuse substances such as drugs or alcohol:

Signed _____
(7)

Academic

Students participating in the **Poland** Program should have a cumulative index of **2.50** or higher, and no students on probation are permitted to participate in the program. Please indicate here your current cumulative index: _____
(8)

Please indicate here if you require special assistance with studying or taking exams while in **Poland** (be specific) _____
(9)

Behavior

Please certify here that you are not in difficulty with the Office of Student Development because of behavior problems or other difficulties:

Signed _____
(10)