**HEALTH SELF-ASSESSMENT**

**Self-Assessment Checklist Questions**

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|  |  | **YES** | **NO** |
| **1** | Do you have any serious food, drug, animal, insect, or other allergies? If yes, are your symptoms life-threatening? |[ ] [ ]
| **2** | Are you on a medically restricted diet?  |[ ] [ ]
| **3** | Do you plan to take prescription medications while abroad?  |[ ] [ ]
| **4** | Have you been treated in the last five years or are you currently treated for any chronic or acute physical or mental health conditions, such as asthma, gastrointestinal issues, diabetes, depression, stress or anxiety? |[ ] [ ]

**Steps to take based on answers to self-assessment**

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|[ ]  I have answered no to questions #1–4 and believe no additional action is necessary to safeguard my health abroad. |
|[ ]  I answered yes to question #1 and will take all precautionary steps so that people are informed and know what to do in case of an allergic reaction. I will research whether I could be exposed to allergens while traveling abroad and, if so, discuss a plan with a qualified allergist.  |
|[ ]  I answered yes to question #3 and I will contact International SOS to confirm availability of same medications at my destination country.  |
|[ ]  I answered yes to one or more of questions #1–4 and will discuss my health care needs with a physician. I will consider discussing any physical or mental health concerns with co-travelers and the emergency contact included in the International Travel Attestation Form well in advance of my departure date. |
|[ ]  I answered yes to question #4 and understood that I should see a qualified physician to advise on my care and what to do while traveling abroad and then check with International SOS whether there are clinics that meet my medical care requirements and availability of medicines and treatments abroad.  |