

## HOUSING QUESTIONNAIRE

**-PLEASE, FILL IT IN CAPITAL LETTERS-**

STUDENT'S DATA		
Surname, Name:		
Passport number:	Date of birth:	
Home address:		
City/Country:	Postal/Zip code:	
Nationality:	E-mail:	
Phone number:	Mobile/Cell phone:	
ACCOMMODATION SERVICE		
Half-board accommodation (breakfast and lunch or dinner): Full-board accommodation (breakfast, lunch and dinner):		
Day/time of arrival:	bus station:	railway station:
Note: The regular registration fee includes accommodation from the day before the course until one day after the course end; each extra night has to be added.		

*The personal information provided will be incorporated into a file registered at the Data Protection Agency. The purpose of this file is the internal management of the activities students will be participating in, and also the establishment of communication with students on the part of Universidad de Cádiz in order to track and get in contact with those students to whom an academic certificate of the activities undertaken must be sent. According to Organic Law 15/99 of Protection of Personal Information, FUECA recognizes the rights of access, rectification, cancellation and opposition by means of a written request addressed to Formación – Fueca. Centro Tecnológico de Cádiz. Benito Pérez Galdós s/n. 11003. Cádiz*

Note:

Please, fill out this form with care and submit it to [alojamiento.cslm@fueca.es](mailto:alojamiento.cslm@fueca.es). Your answers will help determine your placement in housing abroad. You will receive your housing information, (address, phone number and description) prior to departure for your overseas program.

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## HOUSING QUESTIONS:

1. How would you describe yourself? Please, list 5 adjectives that most accurately describe you and your “home” habits:

2. Please, indicate how strongly you feel about being in a family with smokers (this does not guarantee your selection):

Strongly against

Slightly against

Indifferent

3. Are you allergic to animals, which?:

4. Other allergies? (specify):

5. Any food concerns? Vegetarian or special diet? (Please note that we will do our best to meet all your food concerns; however, as a guest in a host country, students will be expected to be flexible):

6. Please, add any further information or requests that you think are important to you or that we should know. Please put them in order of preference since no accommodation may be able to meet them all:

## MEDICAL INFORMATION

**INSTRUCTIONS:** *The purpose of this form is to make the program aware of any special medical needs you may have when you study abroad. Information rendered will be treated confidentially.*

*“You must notify CSLM of any medical conditions or concerns (past or present) that may affect you while abroad. Failure to disclose a pre-existing medical condition that results in program disruption, may result in expulsion from the program.”*

**Are you generally in good health?** Yes No  
Please explain:

**Are you currently being treated for any medical conditions?** Yes No  
Please explain:

**Are you diabetic?** Yes No

**Do you have asthma?** Yes No

**Will you be taking medicine with you?** Yes No  
Please, list what kind(s) and what they are for:

**Do you have a heart condition?** Yes No

**Do you have, or have you ever had any eating disorders?** Yes No  
What?:

**What diseases, illness or treatable episodes, if any, have you had in the past five years?**

**Have you ever been treated for any emotional disorder?** Yes No

Please describe any emotional disorder you may have had to the extent that it would benefit the staff abroad to know in order to better respond to your health needs:

**Are you currently under medical treatment for any reason?** Yes No  
What is the treatment and what is it for?

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**Do you have any allergies to medications, foods, etc?  
What are they and what reaction do you have to them?**      Yes      No

**Do you take any medication on a regular basis?  
Please, specify what medication and what it is for:**      Yes      No

**Are you on restricted diet?  
Please, describe it:**      Yes      No

**Do you anticipate needing medical or counselling attention while overseas?**  
  
Please, specify:      Yes      No

#### ADDITIONAL INFORMATION

CSLM recommends that you have a physical examination before you depart for overseas. Study abroad activities require a great deal of walking while on excursions/tours, and walking to and from school. Please consult with your physician regarding extra immunizations and requirements for overseas travel.

Students need to have a private medical insurance which has to include a cover of common health problems, accidents or repatriation.

#### STUDENT ACKNOWLEDGEMENT

I certify that all responses made on this Medical Report are true and accurate to the best of my knowledge. I will notify Centro Superior de Lenguas Modernas (CSLM) if there are any significant changes in my health or well-being. I understand that this form is for information purposes only and in no way implies that Centro Superior de Lenguas Modernas (CSLM) takes responsibility for my health. I understand that CSLM may not be equipped to assist or deal with my medical needs and that I will be notified prior to the program beginning if this is the case.

#### Student's consent

Date and place:  
Signature:

#### Consent of Parent:

Date and place:  
Signature: