

## HEALTH CLEARANCE

### Student Self Report: Confidential Health History Form

#### Instructions for Students

(Read carefully and complete the Confidential Health History Form **before** the Health Clearance Form)

- The **health clearance** and **basic physical examination** are requirements to participate in study abroad programs through WWU Education Abroad. They cannot be waived.
- Two medical forms are required for the health clearance: the following (1) Confidential Health History Form and (2) Health Clearance Form.
- Complete the Confidential Health History Form accurately and truthfully before the health clearance consultation and exam. Failure to provide complete and accurate information may be grounds for non-participation in study abroad.
- Inform Education Abroad of any recent medical or special needs and/or if any changes in health occur after you complete the health clearance. (You will be required to get a second clearance should your health history change since the date of the initial clearance).
- Disclose on this form all medical history to the health provider performing your exam and clearance; even if you believe the condition is under control. Your confidential disclosure will allow medical professionals to help you make arrangements or plans to facilitate your successful study abroad experience. Identifying medical or mental health problems allows everyone involved in this process the opportunity to work with you to anticipate potential complications. We strongly encourage you to disclose so you can have a meaningful, rewarding and safe experience.

**If you have a chronic medical condition**, such as allergies or diabetes, prepare to manage your condition abroad. Consider how the new environment and the stresses of study abroad will affect your health. Preexisting psychological conditions are often intensified by living in a different culture. Also, there may be fewer, or inadequate, local resources to help you manage potential triggers.

#### For Student Traveling with Medication

1. Contact the U.S. Embassy or Consulate to determine whether specific medications are legal in the country you are going to and that you can take a supply to last throughout your stay. Medications that are legal and commonly prescribed in the U.S. may be considered illegal, require a prescription, or a host country authorization to be allowed in the country. (See #5 below)
2. Carry a letter from your physician on letterhead, explaining your diagnosis, treatment, and list of prescribed medications. When going through Customs abroad, officials may scrutinize medications. Carry your prescription in original containers, and keep the letter from your physician handy.
3. If you are taking a psychotropic, you must be stable on your medication. Medically stable means that you must be in a state where any changes in symptoms are not foreseen or expected. Discuss proper medication management with your doctor **before** departure.
4. If you are being treated for a psychological condition, work closely with your treating physician to design a treatment plan and understand possible triggers, what medications you are taking, if they are available overseas, and how to reach out for help while abroad, if needed.
5. Mailing medications abroad: **Individuals cannot mail medications abroad.** Medications can only be mailed by registered practitioners or dispensers. Most countries have strict regulations on shipping medication abroad. Decisions on what medications are accepted into the country are made by the host country government; not the U.S. Post Office. Medications can be stopped by the host country's Customs that will require payment of fees, completion of documentation, and several trips to the Customs office.

#### Instructions:

- Fill out the Confidential Health History Form completely and honestly **before your health clearance appointment.**
- Take the completed form with you to your appointment and discuss your health history with the health practitioner. Also take the Health Clearance Form with you to the appointment.
- Give a copy of this form and the Health Clearance Form to the health care professional who performed your clearance.
- Submit original Confidential Health History Form to Education Abroad along with the original Health Clearance Form.
- Keep a copy with your passport, in case of emergency.

**Confidential Health History Form**

**Note: Complete this form BEFORE your health clearance appointment.** Failure to provide complete and accurate information may be grounds for non-participation in a education program. Your confidential disclosure could prevent complications during an emergency and/or help to plan better for a successful and safe experience abroad.

**PLEASE PRINT:**

\_\_\_\_\_  
 First and Last Name of Student WWU ID #

\_\_\_\_\_  
 Program Name Country Term & Year

Male  Female

Person to notify in case of emergency: \_\_\_\_\_  
Name

\_\_\_\_\_  
 Address: Street City State, Zip Code Daytime Phone

**GENERAL HEALTH:**

List any recent or continuing health problems: \_\_\_\_\_  
 \_\_\_\_\_

List any physical or learning disabilities: \_\_\_\_\_

Are you currently (last 12 mos.) under the care of a doctor or other health care professional, including mental health treatment? Yes  No

If yes, Doctor's Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Address: \_\_\_\_\_

For what condition(s): \_\_\_\_\_

**DRUG/FOOD ALLERGIES:** List any drug/medication or food allergies and briefly describe reaction: \_\_\_\_\_  
 \_\_\_\_\_

**DIETARY RESTRICTIONS:** Please list any dietary restrictions such as vegetarian, gluten-free, no dairy, etc.  
 \_\_\_\_\_

**MEDICAL HISTORY:** Students with known and ongoing medical conditions must prepare for and manage their condition overseas. *Complete below:*

	Yes	No		Yes	No		Yes	No
Chronic headaches or migraines			Ulcer/colitis			Back/joint problems		
Epilepsy/seizures			Hepatitis/gallbladder disease			High blood pressure		
Asthma/lung disease			Bladder/kidney problems			Thyroid problems		
Heart disease			Diabetes			Recurrent or chronic infectious diseases		
Anemia or bleeding disorder			Cancer/tumors			Other (list) _____		

**MEDICAL HEALTH HISTORY:** Have you ever been diagnosed, been treated for, or hospitalized for the following?

	Yes	No	Please provide an explanation below for any box you have checked Yes
Any mental health condition, including depression or anxiety?			
Substance abuse (alcohol or drugs)			
Eating disorder (anorexia/bulimia)			
Are you taking/have ever taken medication for above?			

**IMMUNIZATION RECORD:** Indicate most recent date.

	Date		Date		Date
MMR		Tetanus booster Td		Hepatitis A	
Chicken pox disease or vaccine		Tetanus booster Tdap		Hepatitis B	
Flu Vaccine		Meningococcal		Other:	

**SURGERIES:** List type and year: \_\_\_\_\_

**COMMUNICABLE DISEASES:** (give dates of treatment)  TB \_\_\_\_\_  Syphilis \_\_\_\_\_  HIV/AIDS \_\_\_\_\_

**HABITS:** Do you drink alcoholic beverages? Yes  No  If yes, maximum number of drinks in a day \_\_\_\_\_ per week \_\_\_\_\_

**MEDICATIONS:** Student is responsible for ensuring that all medications are legally permissible abroad so check the U.S. Embassy or Consulate.

Are you currently taking any medications? Yes  No  Specify name, type & brand of any medication and whether you use inhaler, bee sting kit.

**PREVIOUS TRAVEL:** Have you spent more than two weeks in a foreign country? Yes  No

Where? \_\_\_\_\_

**SERVICES YOU WILL NEED TO FACILITATE YOUR EDUCATION** (e.g., note takers)

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT:** I certify that all responses made on this form are complete, true and accurate. I understand that if there are any changes in my health status, I will contact Education Abroad immediately. I understand that if I withhold information on this form, I may be withdrawn from the program. I further understand that failure to disclose health care problems may also lead to serious health consequences, including death while studying abroad.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION:** I authorize the release of information in this Confidential Health History to the Director and advisors, Education Abroad, including information regarding TB, HIV/AIDS, sexually transmitted diseases, mental illness, substance abuse and/or any other health information that may be protected under HIIPA or similar laws regarding confidentiality.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH CLEARANCE****Doctor's Report: Health Clearance Form****Instructions for Students**

**The Health Clearance Form is a requirement** to participate in education abroad programs through WWU Education Abroad (EdAbroad). **It cannot be waived.** All information is confidential and only shared to facilitate assistance, particularly during an emergency.

Discuss your medical history and current health status with a health practitioner. It is critical to tell the doctor about past illnesses and surgeries, chronic health problems, or other underlying medical conditions. A basic physical examination is required as part of the consultation. You may be cleared if the examining health practitioner considers that any medical condition is controlled and you are stable on your medication. You are responsible for submitting this form to Education Abroad by the deadline. If you do not complete the Health Clearance by the deadline, you may be withdrawn from participation in education abroad.

**For students who plan to go to the WWU Student Health Center** the Health Clearance Form will be completed online.

**For students seeing a private physician**, you will need to print the Health Clearance Form and the Confidential Health History Form and follow the detailed instructions on the forms. Here is the process to follow:

1. Make an appointment with your physician for a health clearance consultation and basic physical examination.
2. Complete the Confidential Health History Form.
3. Write your name, WWU ID#, program name, and term on the top of the Health Clearance Form.
4. Meet with your physician and have them review the Confidential Health History Form. Make sure your physician signs and dates the Health Clearance Form.
5. Send the original and a copy of the Health Clearance Form and the Confidential Health History Form to Education Abroad office by the deadline.

**Health Care Provider Instructions – READ carefully before signing the form**

**Health care provider must be licensed to practice and cannot be an immediate family member (AMA Code of Ethics E-8-19)**

- The student's name and program information must appear on the form. Blank forms are not acceptable.
- Western Washington University will not approve a student's participation in education abroad unless you certify that the student is medically stable.

**Follow These Steps**

1. **The student must present to you a completed Confidential Health History form.**
2. **A basic physical examination is required.**
3. **Discuss/review the student's health history** referring to the Confidential Health History Form completed by the student and the student's medical records on file.
4. **Pay special attention to any physical, emotional or psychological conditions** that may require medication and/or continued therapy while abroad.
  - a. Students may be cleared for participation if
    - I. in the opinion of the examining practitioner and/or specialist, if being treated by one, any medical condition is under control,
    - II. they have a treatment plan, if indicated (if there is any evidence of recent physical/mental health treatment), for required and recommended care while abroad, and
    - III. they have been stable on their medication for a reasonable period.
5. Student is advised to find out if the medication is locally available or if there is an appropriate substitute. If not locally available, student is advised to carry a sufficient supply to last through the duration of the study abroad program, but only if the medication can legally be brought into the country.
6. **List any disabilities the student may have** so Education Abroad can help determine the availability of adequate local services.

The student must be assessed to participate in a study abroad program through WWU Education Abroad by a physician/health practitioner **and** any specialist currently involved in the treatment of a chronic condition. Health practitioners must complete and sign this clearance form, and provide legible contact information.

Health Clearance Form

STUDENT: Print clearly with a ball point pen before appointment

First and Last Name of Student WWU ID#
Program Name Country and Term

HEALTH PROVIDER: Health provider must be licensed to practice and cannot be an immediate family member (AMA Code of Ethics E-8.19). Only disclose information that is necessary and relevant to the WWU study abroad program.

I have reviewed the student's Confidential Health History Form and medical records on file with the student. Based on the information provided to me by the student on the Confidential Health History Form, and following a review of the student's personal health history and a physical examination, to the best of my knowledge, the student is:

Licensed Physician/Health Practitioner

1. [ ] CLEARED (Check all that apply below)

[ ] 1. a No medical or psychiatric contraindications to WWU study abroad participation.

[ ] 1. b Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the WWU disAbility Resources for Students office documenting disability and indicating who will pay for services is required. Services may include:

\_\_\_\_\_
\_\_\_\_\_

[ ] 1. c Student advised to arrange services to facilitate a healthy and safe stay abroad. Does the itinerary include the need for immunizations to prevent infections such as typhoid, yellow fever, hepatitis A, or Japanese encephalitis, and/or prescriptions to prevent malaria, leptospirosis and altitude sickness, or to treat traveler's diarrhea? Does the itinerary include risk of infection with Zika, dengue or other infections transmitted by arthropods? (e.g., regularly available psychiatric therapy, immunizations, etc.). Indicate that student has treatment plan in place and is stable.

\_\_\_\_\_
\_\_\_\_\_

[ ] 1. d Student advised to find out if medication (or appropriate substitute) is locally available. If not locally available, student advised to carry sufficient supply to last through the end of the program. If on medication, please list. Indicate if significant allergy to any medication.

\_\_\_\_\_
\_\_\_\_\_

2. [ ] Student is Cleared, pending specialist assessment on next page.

3. [ ] Student is NOT CLEARED: There are medical or psychiatric contraindications to WWU study abroad participation.

Licensed Physician/Health Practitioner, MD, NP, DO, PA, or RN (PRINT LEGIBLY name and title):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number (include area code): \_\_\_\_\_

**x(This section and signature is required if the student is being treated for chronic health conditions)**

**Licensed Psychotherapist or Licensed Specialist:**

1.  **CLEARED** (Check all that apply below)

1. a No medical or psychiatric contraindications to WWU study abroad participation.

1. b Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the WWU disAbility Resources for Students office documenting disability and indicating who will pay for services is required. Services may include:

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1. c Student advised to arrange services to facilitate a healthy and safe stay abroad (e.g., regularly available psychiatric therapy, etc.). **Indicate that student has treatment plan in place and is stable.**

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1. d Student advised to find out if medication (or appropriate substitute) is locally available. If not locally available, student advised to carry sufficient supply to last through the end of the program. If on medication, please list. Indicate if significant allergy to any medication.

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2.  **Student is NOT CLEARED:** There are **medical or psychiatric** contraindications to WWU study abroad participation.

Licensed Specialist –OR–Psychotherapist (**PRINT LEGIBLY name and title**):

Phone number (include area code):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Upon completion, the student must submit this original Health Clearance form and the Confidential Health History form to WWU Education Abroad, Miller Hall 208, by the deadline.

- o **One copy:** Health care provider
- o **One copy:** Student
- o **Original:** Education Abroad MS-9094, Miller Hall 208, Western Washington University, 516 High Street, Bellingham, WA 98225-9094

**RELEASE OF INFORMATION:** I authorize the release of information in this Health Clearance Form to the Director and advisors, Education Abroad, including information regarding TB, HIV/AIDS, sexually transmitted diseases, mental illness, substance abuse and/or any other health information that may be protected under HIIPA or similar laws regarding confidentiality.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_