

Health Clearance Form & Instructions

The University of California Education Abroad Program (UCEAP) academic programming includes research and study in remote locations. The types of programs vary; some include physically and academically demanding components. Students with pre-existing conditions may encounter that local treatment options and availability of health and psychological services vary greatly.

HEALTH PROVIDERS: Review the student's self-reported health history and available medical records. Consider the following during your review.

- a) Medical conditions are stable (student can function on their own; travel and study abroad with current medical condition; can self-regulate; be able to function academically, socially, etc.).
- b) A treatment plan is in place for required and recommended continued care while abroad (if applicable). If there is need for continued treatment abroad, the student will need a letter on letterhead, signed by a doctor, indicating diagnosis, treatment, and medication regimen so they can share it with a local doctor. Otherwise, a local doctor may not have sufficient information to determine continued treatment or a medication refill.
- c) The student has been in therapeutic compliance, including adherence to medication (if applicable).

REQUIREMENTS

- All medical practitioners currently treating the student (e.g., general practitioner, specialist) must be consulted to determine whether the student can participate in UCEAP.
- Health care providers must be licensed and cannot be an immediate family member. *AMA Code of Ethics E-8.19*
- Health care providers must provide legible contact information.
- The student's name, program name, and term of participation must appear on the form. Blank forms are not acceptable.
- Students must submit signed health clearances to UCEAP no later than **60 days before official start of the program** (except for Chile).
- Students are expected to update UCEAP of any significant changes in reported health status after the date of the initial clearance. They may be required to submit an updated health clearance or a letter from a treating medical practitioner in support of the clearance and the student's participation in UCEAP.
- UCEAP and/or UC campuses reserve the right to require the health clearance through the campus Student Health Service, even if this is not a requirement of the UCEAP program.

STUDENT INSTRUCTIONS – Refer to campus health clearance instructions for campus-specific requirements

Make your appointment EARLY. A health clearance is a requirement for participation in UCEAP. We cannot waive this requirement. All information is confidential and may only be shared with UCEAP officials in an emergency.

Deadline: No later than 60 days before official start of the program (except for Chile).

1. **Complete the Confidential Health History form** accurately. Disclose all pertinent medical information. Your campus may require several appointments to plan for continued treatment abroad.
2. **Legibly write** your name, UC campus, and UCEAP program name (include country, host institution or program title, and term), on the attached form *before* your appointment.
3. **Confirm medication availability** and treatment options in your program location and discuss with your doctor.
4. **After your appointment, submit the signed Health Clearance form(s)** to UCEAP by the stipulated deadline on the Pre-Departure Checklist.
5. **Inform the UCEAP Systemwide Office (UCEAP)** of medical needs, disability accommodations, and/or changes in health that occur after the date of the initial health clearance.

University of California UCEAP Health Clearance Instructions

SPECIALIST INSTRUCTIONS – For all medical specialists and/or psychotherapists treating the student

1. **Ask student about the specific UCEAP academic program and related activities, medication legality, and/or English-speaking treatment availability at their location.**
2. **Consider** environmental or programmatic factors that may affect chronic health conditions (allergies, asthma, anxiety, etc.). Discuss mitigation plans with student.
3. **Complete and sign the left section of the Health Clearance.**

GENERAL PRACTITIONER INSTRUCTIONS – For all students

1. **The student must present to you a completed Confidential Health History form.** A physical examination is not needed unless required by the program. The student is responsible for providing this information.
2. **The student must present to you signed health clearances** from any specialist currently treating them.
3. **Review/discuss the student's health history.**
4. **Ask the student about medication and other treatment availability at their program location.**
5. **Complete and sign the right section of the Health Clearance.**

STUDENT: Complete top section clearly before appointment.

Student First and Last Name				UC Campus
				<input type="checkbox"/>
UCEAP Program Country/Countries	Program Title	Partner/Host Univ	Term	Multi-city

HEALTH CARE PROVIDERS must be licensed to practice and cannot be an immediate family member. AMA Code of Ethics E-8.19
Check either 1 or 2 in the appropriate box below. Only disclose information that is necessary and relevant to UCEAP's health clearance process.

I have reviewed the student's self-reported health history and available medical records. Based on the information provided to me by the student, a review of their available medical records, specialist recommendations provided (if applicable), and knowledge of the student's UCEAP program destination, to the best of my knowledge, the student is:

<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"> Licensed <u>SPECIALIST</u> or PSYCHOTHERAPIST Section & signature <u>only</u> required if student is being treated by one. </div> <p>1. <input type="checkbox"/> CLEARED (Check all that apply below)</p> <p><input type="checkbox"/> 1.a No medical or psychiatric contraindications to UCEAP participation.</p> <p><input type="checkbox"/> 1.b Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC disability services office documenting the disability and indicating who will pay for services is required.</p> <p><input type="checkbox"/> 1.c Student strongly advised to continue treatment abroad (e.g., counseling, medical monitoring, etc.) Indicate that student has treatment plan in place and is stable.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><i>Complete notes on back of form if necessary.</i></p> <p><input type="checkbox"/> 1.d Student advised to find out if medication (or appropriate substitute) is locally available. Student advised to carry a sufficient supply to last through entire program (if allowed by customs).</p> <p>2. <input type="checkbox"/> NOT CLEARED: There are medical or psychiatric contraindications to UCEAP participation.</p> <p>_____</p> <p>Licensed Specialist: PRINT LEGIBLY name and credentials</p> <p>Signature: _____</p> <p>_____</p>	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"> Licensed <u>GENERAL PRACTITIONER (MD, DO, NP, RN, or PA)</u> Section & signature required for <u>all</u> students. </div> <p>1. <input type="checkbox"/> CLEARED (Check all that apply below)</p> <p><input type="checkbox"/> 1.a No medical or psychiatric contraindications to UCEAP participation.</p> <p><input type="checkbox"/> 1.b Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC disability services office documenting the disability and indicating who will pay for services is required.</p> <p><input type="checkbox"/> 1.c Student strongly advised to continue treatment abroad (e.g., counseling, medical monitoring, etc.) Indicate that student has treatment plan in place and is stable.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><i>Complete notes on back of form if necessary.</i></p> <p><input type="checkbox"/> 1.d Student advised to find out if medication (or appropriate substitute) is locally available. Student advised to carry a sufficient supply to last through entire program (if allowed by customs).</p> <p>2. <input type="checkbox"/> NOT CLEARED: There are medical or psychiatric contraindications to UCEAP participation.</p> <p>_____</p> <p>Licensed General Practitioner: PRINT LEGIBLY name and credentials</p> <p>Signature: _____</p> <p>_____</p>
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Date _____ Phone # _____

Date _____ Phone # _____

STUDENT: Once you have been cleared to participate by a licensed general practitioner, submit the Health Clearance to UCEAP by the stipulated deadline as directed in your Pre-Departure Checklist (PDC).

Notify UCEAP if you have a change in your health status after submitting your initial Health Clearance. You may be required to get a second Health Clearance from your treating doctor.

CLEARING PRACTITIONER RUBBER STAMP OR BUSINESS CARD HERE: