STUDENT INSTRUCTIONS

(Read carefully and complete attached before the health clearance)

- The **NRS Health Clearance Form** is a requirement to participate in NRS. IT CANNOT BE WAIVED. If you do not comply with all aspects of the NRS health clearance process, you may be dismissed from the program.

- Complete the **NRS Confidential Health History Form** accurately and truthfully before the health clearance consultation. Failure to provide complete and accurate information may be grounds for non-participation in NRS.

- Inform NRS of any recent medical or special needs and/or if any changes in health (physical, mental, dental, or if you have been prescribed new medications or a change in medication dosage) occur after the health clearance. You will be required to get a second clearance should your health history change since the date of the initial clearance. Failure to disclose changes in your health, including new illnesses, injuries, allergies, can endanger your health and may be grounds for non-participation in NRS.

- Disclose on the **NRS Confidential Health History Form** all medical history to the health provider performing your clearance; even if you believe that a condition is under control. Your confidential disclosure will allow medical professionals to help you make arrangements or plans to facilitate your successful NRS 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 being out in the field will affect your health. Preexisting psychological conditions may be intensified by living in a different environment. Also, there may be fewer, or inadequate, local resources to help you manage potential triggers.

For Students Traveling with Prescription Medication

1. Make sure that it is legal and that you can take a supply to last throughout your stay.
2. Carry a letter from your physician, on letterhead, explaining your diagnosis, treatment, and prescription regimen. 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 no changes in symptoms are foreseen or expected. Work closely with your doctor to design a treatment plan, keep in mind that the reserves are in remote areas, understand possible emotional triggers, and know how to reach out for help while on the program, if needed.

Instructions

- **FILL OUT** the **NRS Confidential Health History Form** completely and honestly before your health clearance appointment.
- **TAKE** the completed **NRS Confidential Health History Form** and the **NRS Health Clearance Form** with you to your appointment and discuss your health history with the practitioner.
- **GIVE** a copy of the **NRS Confidential Health History Form** to the health practitioner who performs your NRS Health Clearance.
- **KEEP** a copy of the **NRS Confidential Health History Form** for your own records and to take with you on the program.
- **DO NOT MAIL A COPY OF THE NRS CONFIDENTIAL HEALTH HISTORY FORM TO NRS.**
Natural Reserve System (NRS) Confidential Health History Form

The NRS health clearance form must be completed 60 days before your program begins. It is a non-waivable requirement. IF YOU ARE NOT IN COMPLIANCE, YOU MAY NOT BE APPROVED TO PARTICIPATE IN, OR MAY BE DISMISSED FROM the program. Your answers below and a review of your medical & mental health records on file will be used during the health clearance process.

You must inform NRS of any recent medical or special needs or changes in health that occur before the start of the program.

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

**STUDENT INFORMATION:**

Last name __________________________ First __________________________ Middle ________ Sex: M □ F □

Person to notify in case of emergency:

ADDRESS: STREET ___________________________________________

CITY ___________________________________________ STATE, ZIP CODE ____________

DAYTIME PHONE, INCLUDE AREA CODE __________________________

**GENERAL HEALTH:**

List any recent or continuing health problems: ________________________________________________

List any physical or learning disabilities: _______________________________________________________

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

Doctor’s Name: __________________________ Phone/Fax: __________________________

Address: ________________________________________________________________

For what condition(s): ______________________________________________________________

**SURGERIES:** List type and year _________________________________________________________

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

**MEDICAL HISTORY:** Students with known and ongoing medical conditions must prepare for and manage their condition during the program.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Y N Date</th>
<th>Condition</th>
<th>Y N Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic headaches/migraines</td>
<td></td>
<td>Ulcer/colitis</td>
<td></td>
</tr>
<tr>
<td>Epilepsy/seizures</td>
<td></td>
<td>Hepatitis/gallbladder</td>
<td></td>
</tr>
<tr>
<td>Asthma/lung disease</td>
<td></td>
<td>Bladder/kidney problems</td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Anemia or bleeding disorder</td>
<td></td>
<td>Cancer/tumors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (List)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Y N</th>
<th>Please provide an explanation below for any box you have checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any mental health condition, including depression/anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse (alcohol or drugs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder (anorexia/bulimia)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you taking/have ever taken medication for above?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATION RECORD (Indicate most recent date):**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio immunization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus booster or Tetanus/diphtheria booster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICATIONS:** Student is responsible for ensuring that all medications are legally permissible.

Are you currently taking any medications? Y □ N □ Specify name, type & brand of any medication and whether you use inhaler, bee sting kit.

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

*You must register with your campus DSP office to pursue accommodations in the NRS program.

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 NRS immediately. I understand that if I withhold information on this form I may be withdrawn from the program.

Student’s Signature: __________________________ Date: __________________________
Natural Reserve System (NRS) Health Clearance Form

IMPORTANT PROGRAM INFORMATION

- The Natural Reserve System: California Ecology and Conservation program exposes students to a wide range of state ecosystems as they travel from one reserve in the UC Natural Reserve System to another.
- Students spend 7 weeks at Natural Reserves in California. Environments include mountains, desert, coastal, and island. The program includes strenuous outdoor activities (e.g., camping and hiking)
- Research projects involve forests, fields, ocean, streams, animals or insects, and take place during the day and after dark.
- The academic and research work and study field trips in remote locations are demanding.
- Students camp, receive instruction outdoors and live in close quarters in biological field stations.
- Group dynamics are extremely important. Students must be able to manage well within a group.
- Access to medical attention: Although reliable medical services are available throughout California, students will be living in rural environments. These remote locations may be hours from medical facilities. Communication and transportation are difficult at some Natural Reserves and evacuations and medical care may be delayed.

REQUIREMENTS

- Health care providers must be licensed 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.
- The student must be assessed to participate in NRS by a health care provider and a specialist if the student is currently being treated by one.
- NRS may not approve a student’s participation in the program unless a licensed health care provider certifies that the student is medically stable.
- Health care providers must provide legible contact information.
- The student may be required to get a second clearance should there be a change in health history since the date of the initial clearance.

STUDENT INSTRUCTIONS

This is a mandatory requirement. Your information is confidential and only shared on a need to know basis to facilitate assistance, particularly during an emergency.

- Do not delay in making your health clearance appointment. If you do not comply with this requirement, you may not be approved to participate in, or may be dismissed from NRS. Even if your program allows a health clearance through a private physician, NRS reserve the right to require a clearance through the campus Student Health Center.
- Complete the NRS Confidential Health History Form
- Legibly write your name, program term, and year on the NRS Health Clearance Form before your appointment.
- After your appointment, scan the original NRS Health Clearance Form and email it to NRS at CAecology@ucop.edu by the stipulated deadline.
- Inform the Natural Reserve System (NRS) of medical needs, accommodations, and/or changes in health that occur after the health clearance process. Failure to provide complete and accurate information may be grounds for non-participation in, or dismissal from, NRS.

HEALTH CARE PROVIDER INSTRUCTIONS

- The student must present to you a completed NRS Confidential Health History Form. A physical examination is not needed unless required by the UC Student Health Center.
- Discuss/review the student’s health history referring to the NRS Confidential Health History Form completed by the student and the student’s medical records on file.
- Focus on any condition requiring medication and/or continued treatment while in the field.
  - Students may be cleared for participation if:
    a) in the opinion of the examining health care provider and/or specialist any medical condition is under control, b) they have a contracted treatment plan in place (if there is any evidence of recent physical/mental health treatment), for required and recommended care during the program, considering the unique geography, rugged terrain, and remoteness of NRS site locations, and c) they have been stable on their medication for a reasonable period.
Last Name of Student  First Name of Student  Term and Year of NRS Program

HEALTH CARE 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 NRS's duties.

I have reviewed the student’s NRS Confidential Health History form and medical records on file. Based on the information provided to me by the student on the form, a review of the student’s personal health history, and knowing the student’s course involves seven weeks of continuous travel and field study in remote California natural reserves, to the best of my knowledge, the student is:

Licensed Psychotherapist or Licensed Specialist (Section & signature required if student is being treated by one.)

1. ☐ CLEARED (Check all that apply below)
   ☐ a. No medical or psychiatric contraindications to NRS participation.
   ☐ b. Student advised to arrange services to facilitate education. A letter from the UC Disability Services Office documenting the disability and indicating who will pay for services is required.

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

   ☐ d. Student advised to carry a sufficient supply of medication to last through entire program. If on medication, please list.

   ☐ e. List significant allergies (e.g., medication, food, etc.):

2. ☐ NOT CLEARED: There are medical or psychiatric contraindications to NRS participation.

Licensed Physician or Health Care Provider (MD, DO, NP, RN, or PA)

1. ☐ CLEARED (Check all that apply below)
   ☐ a. No medical or psychiatric contraindications to NRS participation.
   ☐ b. Student advised to arrange services to facilitate education. A letter from the UC Disability Services Office documenting the disability and indicating who will pay for services is required.

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

   ☐ d. Student advised to carry a sufficient supply of medication to last through entire program. If on medication, please list.

   ☐ e. List significant allergies (e.g., medication, food, etc.):

2. ☐ NOT CLEARED: There are medical or psychiatric contraindications to NRS participation.

Licensed Physician/Health Provider: MD, DO, NP, RN, or PA (PRINT LEGIBLY name and title)  Phone number (include area code)

Signature: ___________________________ Date: ___________________________

Upon completion, the student must scan the original NRS Health Clearance Form and email it to NRS at CAecology@ucop.edu by the deadline.

One copy: Health care provider  Original: Student keeps for personal record  Scan of Original: Email to NRS at CAecology@ucop.edu