



Confidential Health History Form

Instructions for Students (Please read carefully.)

DO NOT SEND THIS FORM TO THE CAMPUS EAP OFFICE OR THE EAP UNIVERSITYWIDE OFFICE

- **THE EAP HEALTH CLEARANCE IS A NON-WAIVABLE REQUIREMENT TO PARTICIPATE IN EAP. IF YOU ARE NOT IN COMPLIANCE WITH ALL ASPECTS OF THE HEALTH CLEARANCE, YOU MAY NOT BE APPROVED TO PARTICIPATE IN, OR MAY BE DISMISSED FROM EAP.**
- *Use this form with the “EAP Health Clearance for Students Planning to Study Abroad” form.*
- *You must complete the attached form accurately and truthfully BEFORE the health clearance consultation.*
- *Failure to provide complete and accurate information may be grounds for non-participation in EAP.*
- *The EAP Systemwide Office (UOEAP) must be informed of any recent medical or special needs or changes in health that occur after the health clearance. Students will be required to get a second clearance should their health status change since the date of the first clearance.*
- ***It is extremely important to disclose all of your medical history to the medical professional who performs your clearance; even if you do not believe that a condition might create a problem for you while abroad.*** Full disclosure will allow medical professionals to help you make necessary arrangements or plans to ensure you have a successful EAP experience. Identifying medical or mental health problems allows everyone involved the opportunity to work with you to make your program a success.

Students with known and chronic medical conditions, such as allergies or diabetes, must take special precautions in preparing for, and managing their, situation abroad. You need to anticipate how the new environment and the stresses of study abroad can affect your health. Preexisting psychological health conditions are often intensified by living in a different culture. There may be even fewer local resources to help a student manage potential triggers. For example, a student with allergies must ensure that specialized medications will be available, and a student with diabetes must consider the consequences of contracting malaria.

Students Using Medication

1. If you use medication -- including asthma inhalers and oral contraceptives -- on a regular basis, you should take a supply to last throughout your stay and carry a letter from your physician on letterhead explaining the medical necessity and treatment.
2. When going through Customs abroad, officials may scrutinize prescription medication. Carry your prescription in original containers, and with a letter from your physician. Medications that are legal and readily available in the U.S, may be considered illegal, require a prescription, or a host country authorization to be allowed in the country. You must find out whether your prescription medication is available and legal at your destination. Refer to #5 below.
3. If you are taking a psychotropic, you must be stable with your medication before starting your EAP experience. 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.
4. If you are being treated for a psychological health condition, work closely with the physician to understand possible triggers, what medications you are taking and if they are available overseas, and how to reach out for help while abroad, if needed. You are expected to have a treatment plan identifying a therapist and frequency of appointments.
5. **Mailing medication abroad:** Most countries have very strict regulations on having medications shipped abroad. Students find that refills of regularly taken medications in the U.S. get stopped by the host country's Customs. Decisions on what medications may be mailed legally into some foreign countries are made by the Host Country Government; not the U.S. Post Office. Students should call the host country government office in the U.S. or Europ Assistance (EAP emergency travel insurance) at 1+(866) 451-7606 (inside the U.S.) or call collect 1+(202) 828-5896 (from outside the U.S.) or E-mail OPS@europassistance-usa.com, to get information about the legality of certain medicines. Please contact them with the name of the medicine and the country.

Instructions

- FILL OUT** this form completely and honestly **before your health clearance appointment.**
- TAKE** the completed form with you and discuss your health history during your health clearance.
- GIVE** the yellow copy of this form to the health care professional who performed your clearance.
- KEEP** a copy of this form with your passport, in case of emergency.
- TAKE the white copy** abroad in case of a medical emergency. **Do not mail a copy to the EAP Universitywide Office.**
- MAKE ADDITIONAL COPIES** of this form. You can give a copy to a health care provider abroad and to the Study Center Office abroad in case of a medical emergency.

Confidential Health History Form

A health clearance must be completed 60 days before departure (except for Chile). THE EAP HEALTH CLEARANCE IS A NON-WAIVABLE REQUIREMENT. IF YOU ARE NOT IN COMPLIANCE, YOU MAY NOT BE APPROVED TO PARTICIPATE IN, OR MAY BE DISMISSED FROM EAP. This form and a review of your medical record on file will be used during the health clearance process.

UOEAP must be informed of any recent medical or special needs or changes in health that occur before the start of the program. Failure to provide complete and accurate information may be grounds for non-participation in EAP.

Complete the following information before your medical appointment. Failure to provide complete and accurate information may be grounds for non-participation in EAP. Failure to disclose health care problems may also lead to serious medical consequences, including death while studying abroad.

PRINT:
 Last name _____ First _____ Middle _____ Sex: M F

Program/Country _____ Student I.D. _____

Person to notify in case of emergency: _____
 (Name)

(Address: Street, _____ City _____ State, Zip Code) _____ (Phone, include area code)

GENERAL HEALTH:

List any recent or continuing health problems: _____

List any physical or learning disabilities: _____

Are you currently 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 problems must take special precautions in preparing for and managing their situation overseas. Check if you have ever had any of the following:

	Yes	Date		Yes	Date		Yes	Date
Headaches			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 _____)		

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

	Yes	Please provide an explanation below for any box you have checked
Any mental health condition, such as depression/anxiety		
Substance abuse (alcohol or drugs)		
Eating disorder (anorexia/bulimia)		
Are you taking/have ever taken medication for above problems?		

IMMUNIZATION RECORD: Indicate most recent date.

	Date		Date
Polio immunization		Measles	
Tetanus booster or Tetanus/diphtheria booster		Rubella	
Mumps		MMR	

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

Are you currently taking any medications? Yes No Please specify below. Include any medication you carry for possible use, e.g., inhaler, bee sting kit.

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

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

Student's Signature: _____ Date: _____

White copy: Student copy to keep with passport in case of a medical emergency. Student may make additional copies for Health Care Provider abroad and Study Center Office abroad.

Yellow copy: Health care professional who performed EAP clearance.