

UNIVERSITYWIDE OFFICE OF THE EDUCATION ABROAD PROGRAM (UOEAP)
APPLICATION FOR EXEMPTION FROM EAP HEALTH CLEARANCE

I, _____, hereby request exemption from the EAP health clearance procedures for the Program in _____, on the grounds that such requirements conflict with my religious beliefs.

I understand, however, that certain medical tests and immunizations may be required by the government or host university in the country of my EAP participation, and I hereby agree to submit to these procedures as required in order to participate in the Program.

I certify that I am in good health, and that I have no physical or mental impairments. I further certify that, to the best of my knowledge, I am free from any communicable or contagious disease which may affect the welfare of the community.*

In consideration of this exemption, I agree to submit to a physical examination should I manifest any condition where there appear to be reasonable grounds for suspecting the presence of a communicable or contagious disease; and that if I am found to have any such disease, I will comply with the regular health procedures of the foreign institution and community.

I further understand that should I experience a sudden emergency involving my health abroad, every effort will be made to contact the person noted below to ascertain what remedial steps should be taken; but that if said person cannot be reached in a timely fashion, interim emergency medical care will be provided.

Person to be contacted in case of emergency Relationship

Address

Telephone

Fax

E-mail

I hereby agree to hold harmless The Regents of the University of California, its officers, agents, and employees from any liability resulting from or arising in connection with any medical care provided to me while abroad and participating in the University's Education Abroad Program.

Signature of student

Date

**This application must be accompanied by the EAP Confidential Personal Health History Form.*