UCEAP Health Clearance Form

STUDENT INSTRUCTIONS

Refer to your UC Campus EAP Office health instructions too. The UCEAP health clearance is a mandatory requirement for participation. All information is confidential and only shared to facilitate assistance, particularly during an emergency.

1. **Do not delay in making your health clearance appointment.** The health clearance deadline is no later than 60 days before departure (except for Chile). Students who are not in compliance may not be approved to participate in, or may be dismissed from UCEAP.

2. Complete the Confidential Health History form (if your campus has online clearance procedures, follow them).

3. Write your name, UC campus, and UCEAP program name, host institution, and term, on the attached form before your appointment.

4. Inform the UCEAP Systemwide Office (UCEAP) 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, UCEAP.

5. Return the original and a copy by the stipulated deadline to:
   - UCEAP Systemwide Office
   - University of California
   - 6950 Hollister Avenue, Suite 200
   - Goleta, CA 93117-5823

HEALTH CARE PROVIDER INSTRUCTIONS—READ carefully before signing the form

Health 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.
- University of California will not approve a student’s participation in EAP unless you certify that the student is medically stable.

FOLLOW THESE STEPS:

1. **The student must present to you a completed UCEAP Confidential Health History form.** A physical examination is not needed unless required by the program, or UC Student Health Center.

2. **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.

3. **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 contracted treatment plan in place (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.

4. 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 UCEAP, but only if the medication can legally be brought into the country.

5. **List any disabilities the student may have** so UCEAP can help the student to determine the availability of adequate local services.

The student must be assessed to participate in UCEAP by a physician/health practitioner and a specialist if a student is currently being treated for a chronic condition.

Health practitioners must complete and sign this clearance form, and provide legible contact information.
STUDENT: Print clearly with a ball point pen before appointment

<table>
<thead>
<tr>
<th>First and Last Name of Student</th>
<th>UC Campus</th>
<th>UCEAP Program Name</th>
<th>(Country)</th>
<th>Host University</th>
<th>Term</th>
</tr>
</thead>
</table>

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 UCEAP’s duties.

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, to the best of my knowledge, the student is:

<table>
<thead>
<tr>
<th>Licensed Psychotherapist or Licensed Specialist (Section &amp; signature required if student is being treated for chronic health conditions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>CLEARED</strong> (Check all that apply below)</td>
</tr>
<tr>
<td>□ 1.a No medical or psychiatric contraindications to UCEAP participation.</td>
</tr>
<tr>
<td>□ 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 disability and indicating who will pay for services is required.</td>
</tr>
<tr>
<td>□ 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.</td>
</tr>
<tr>
<td>□ 1.d Student advised to find out if medication (or appropriate substitute) is locally available. If not locally available, student advised to carry a sufficient supply to last through the end of the program. If on medication, please list. Indicate if significant allergy to any medication.</td>
</tr>
<tr>
<td>2. <strong>Student is NOT CLEARED:</strong> There are medical or psychiatric contraindications to UCEAP participation.</td>
</tr>
</tbody>
</table>

Licensed Specialist –OR– Psychotherapist (PRINT LEGIBLY name and title): Phone number (include area code):

Signature: Date:

Licensed Physician/Health Practitioner

<table>
<thead>
<tr>
<th>Licensed Physician/Health Practitioner, MD, NP, DO, PA, or RN, (PRINT LEGIBLY name and title):</th>
<th>Phone number (include area code):</th>
</tr>
</thead>
</table>

Signature: Date:

Upon completion, the student must send copies of this form to UCEAP by the deadline. UCEAP will mail one copy to the UCEAP Study Center.

PHYSICIAN RUBBER STAMP OR BUSINESS CARD HERE