UCEAP Health Clearance Form

**REQUIREMENTS**

- 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 and program information must appear on the form. Blank forms are not acceptable.
- The University of California may not approve a student’s participation in UCEAP unless a licensed health care provider certifies that the student is medically stable.
- The student must be assessed to participate in UCEAP by a health care provider and a specialist if the student is currently being treated by one.
- 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** – Also refer to your UC campus health clearance 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. **Deadline:** No later than **60 days before departure** (except for Chile).

1. **Do not delay** in making your health clearance appointment. Some campuses have limited appointments. If you do not comply with this requirement, you may not be approved to participate in, or may be dismissed from UCEAP. **Even if your program allows a health clearance through a private physician, UCEAP and/or the campus EAP Office reserve the right to require a clearance through the campus Student Health Center.**

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

3. **Legibly write** your name, UC campus, and UCEAP program name (country, 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. **After your appointment, return the completed and signed 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**

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. **Focus on any condition requiring medication and/or continued treatment while abroad.**
   - Students may be cleared for participation if:
     - in the opinion of the examining health care provider and/or specialist any medical condition is under control,
     - 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
     - they have been stable on their medication for a reasonable period.

4. **Advise student to find out if their medication is locally available** or if there is an appropriate substitute.
University of California UCEAP Health Clearance Form

STUDENT: Print clearly with a ball point pen before appointment.

First and Last Name of Student ___________________________  UC Campus ___________  UCEAP Program Name (Country Host University Term)

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 UCEAP’s duties.

I have reviewed the student’s 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 UCEAP country destination, 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)
   □ 1.a No medical or psychiatric contraindications to UCEAP participation.
   □ 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.
   □ 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.
   □ 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 entire program (if allowed by customs). If on medication, please list.
   □ 1.e List significant allergies (e.g., medication, food, etc.):

2. □ NOT CLEARED: There are medical or psychiatric contraindications to UCEAP participation.

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

1. □ CLEARED (Check all that apply below)
   □ 1.a No medical or psychiatric contraindications to UCEAP participation.
   □ 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.
   □ 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.
   □ 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 entire program (if allowed by customs). If on medication, please list.
   □ 1.e List significant allergies (e.g., medication, food, etc.):

2. □ NOT CLEARED: There are medical or psychiatric contraindications to UCEAP participation.

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