



Study Abroad Health Clearance Form

PARTICIPANT INSTRUCTIONS:

All participants must complete this form to demonstrate they are medically cleared (physically and mentally) to participate in the San Diego Community College District's (SDCCD) Study Abroad Program at San Diego City, Mesa, or Miramar colleges. The SDCCD Study Abroad Health Clearance Form must be signed and included with your application, before the participant is allowed to participate in a SDCCD program. Copies of the medical history and health clearance forms are to be retained by both the healthcare professional and the participant as a confidential medical record. Complete all areas of the general health survey questions in Part I to the best of your ability. Sign Part I and review all pages with the appropriate medical/healthcare provider(s).

PART I: GENERAL HEALTH (to be completed by the student/participant). Check or circle all items that apply.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Student 10-Digit ID: \_\_\_\_\_

Program Name (list all countries you will travel): \_\_\_\_\_

My general health is: [ ] Excellent [ ] Good [ ] Fair [ ] Poor

Allergies: [ ] Penicillin [ ] Aspirin [ ] Bee stings
[ ] Peanuts [ ] Eggs [ ] Pollen
[ ] Other (give details) \_\_\_\_\_

Diet: [ ] Regular [ ] Vegetarian [ ] Restricted (give details) \_\_\_\_\_

Medications: [ ] Vitamins [ ] Birth Control [ ] Seizure Medications
[ ] Antidepressant [ ] Inhalers [ ] Insulin injections/pump
[ ] Other prescriptions for medical or mental health conditions (give details) \_\_\_\_\_

Devices: [ ] Hearing Aid - [ ] R [ ] L [ ] Contact lenses or eyeglasses
[ ] Prosthetic joints or devices (give details) \_\_\_\_\_
[ ] Other (give details) \_\_\_\_\_

Medical history:
[ ] Surgery (give dates and type): \_\_\_\_\_
[ ] Hospitalization (give dates and type): \_\_\_\_\_

Communicable Diseases (give dates of treatment):
[ ] TB \_\_\_\_\_ [ ] Syphilis \_\_\_\_\_
[ ] HIV/AIDS \_\_\_\_\_ [ ] Other \_\_\_\_\_

Other serious health considerations: Yes No
Asthma [ ] [ ]
Cancer/tumors [ ] [ ]
Anorexia/bulimia [ ] [ ]
Heart problems [ ] [ ]
High blood pressure [ ] [ ]
Alcohol or other substance abuse [ ] [ ]



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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Table with 3 columns: Other serious health considerations, Yes, No. Rows include Ulcer/stomach problem, Bladder/kidney problem, Anemia or bleeding disorder, Hepatitis/jaundice, Migraine headaches, Thyroid problems, and Other.

Mental Health Treatment: Have you been treated by a psychiatrist, psychoanalyst, psychologist, or therapist for any mental, emotional, or nervous disorder within the past year?\* [ ] Yes [ ] No

\* If yes, your mental health care provider must clear you for travel by completing Part II (Mental Health Assessment) and signing in the space labeled "signature of specialist or psychotherapist".

Immunization Record: Indicate the date of your last immunization for each item. A copy of your records may be available from your high school or health care provider. Students are advised to carry a copy of their official immunization record while traveling. An international vaccination/inoculation immunization record can be obtained from the SDCCD Student Health services center should you choose to see a travel nurse and have any such vaccinations / inoculations.

Table with 2 columns: Immunization type, Date. Rows include Typhoid (if applicable), Polio Immunization, Tetanus Booster, Measles/Mumps/Rubella, Meningococcal, Varicella/Chicken Pox, Hepatitis A, and Hepatitis B.

Reasonable Accommodation Request: SDCCD is committed to providing services to students with disabilities who are eligible for reasonable accommodation under the Section 504 of the Rehabilitation Act or the Americans with Disabilities Act. If you choose not to disclose, SDCCD will not be able to assist you in arranging disability-related accommodations upon your arrival.

Do you anticipate requiring disability related accommodation(s) while abroad?\* [ ] Yes [ ] No

\*If yes, please attach a copy of your SDCCD Disability Support Programs and Services (DSPS) accommodation(s) letter.

STATEMENT: The answers I have given are correct and complete to the best of my knowledge. I understand that I am responsible to research restrictions for the destination countries, and ensure my prescription medications and vitamins can be taken with me abroad.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

RELEASE OF INFORMATION: I understand that the information included on all pages of the health screening form and any additional medical information submitted to the SDCCD may be shared with employees, faculty, agents, or other designated officials for the purpose of protecting my health during the period of my participation in the program identified on the form, or in the case of a medical emergency abroad.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_



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### **PHYSICIANS / HEALTHCARE PROFESSIONALS INSTRUCTIONS:**

**Review the information below, and complete and sign Part II *Health Screening Examination*.**

The participant named on Part I of the *SDCCD Study Abroad Health Clearance Form* is applying to participate in a program of study abroad. Students may spend from 5 to 10 weeks in residence abroad. Living and studying in a foreign environment may create unexpected physical and emotional stress, which may exacerbate otherwise mild disorders. It is important that all participants can adjust to potentially dramatic changes in climate, diet, living conditions and studying conditions, which may seriously disrupt their accustomed patterns of behavior. Participants should never assume that studying abroad will resolve pre-existing health problems, and failure to disclose SDCCD and its partners of medication or medical treatment potentially increases the risk the participant faces while abroad.

**All participants must be granted a health clearance to study abroad with SDCCD programs. This clearance must include the following steps:**

1. The participant must present you a fully completed medical history form. Please review this form with the participant for accuracy and completeness. You do not need to perform a physical examination unless requested by the participant, but you must discuss the participant's health history thoroughly, paying particular attention to immunizations that may be needed, any allergies the participant may have, and all currently active health issues.
2. Special attention must be paid to emotional/psychological problems and associated medications. SDCCD and its partners are especially concerned about conditions like anorexia, bulimia, bipolar disorders, or depression requiring medication, as these conditions may become life-threatening in a foreign environment. Participants with these conditions may be cleared to travel provided they are stabilized on, and in compliance with, their prescribed medication regimen.
3. Please impress on the participant the need to ascertain the availability of medications in the country to which they are traveling and/ or assure that they have a supply of any necessary medication sufficient to last for the entire period they will be abroad. The need for any counseling or laboratory testing while abroad should also be disclosed so that SDCCD may determine the availability of adequate facilities at the program site.
4. Please describe any physical or learning disabilities the participant may have. Please note that students requesting Americans with Disabilities Act (ADA) accommodation must register with SDCCD for Students with Disabilities and must contact their campus Disability Support Programs and Services (DSPS) office.
5. Participants may be cleared for participation so long as, in the opinion of the examining healthcare professional, any condition they may have been under control, and they have been stabilized on their medication for a reasonable period of time. If a specialist for a serious ongoing medical or psychiatric condition is currently seeing the participant, the specialist must also approve and sign this clearance form.

### **Activities and Physical Components of the Program:**

Participants of low-average fitness can complete the activities; however, the environment may create unexpected physical and emotional stress that can exacerbate health conditions. There will be changes in diet, climate, living, and study environments which need to be assessed with prior, existing, or other medical and health conditions that may be triggered:

- Participants may be standing or sitting for long periods of time. On tour days, participants may walk a range of approximately one to ten miles in one day. Walking paths may include uneven surfaces such as concrete, cobblestone, and other natural or man-made surfaces.



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- Participants may be exposed to a variety of new microbes and organisms in the tropics. Students with specific conditions such as autoimmune disease should be analyzed carefully with other health conditions.
Participants may be exposed to and need to adapt to a new environment and its weather patterns. Participants will need to adapt to typical seasonal changes, precipitation amounts, and temperatures before, during, and after the program.
Participants with conditions that cause a drop-in heart rate or blood pressure by the activities/environment should be analyzed carefully with other health conditions and need to plan accordingly.
Because of the physical work in high temperatures during the program. Some level of dehydration is possible if not properly and continuously drinking water. Typically, not a major issue unless it precipitates more complicated health issues.
Allergic reactions can occur with the new environment, plants, animals, and food. If the participant could be mildly or severely affected by an allergic reaction, or if they currently require antihistamine medicine (such as an EpiPen), please advise the participant now on procedures and medication to bring as a safety measure.

PART II. HEALTH SCREENING EXAMINATION (to be completed by the physician or health care provider)

A standard medical screening should be documented solely within the clinic's official medical record. This documentation, along with any reports from outside consultants, is subject to standard policies governing the release of confidential health data. Please refer to pages 1 and 2 for an explanation of the purpose of this visit.

NOTE: It is our policy not to accept reports completed by parent-physicians.

MEDICAL ASSESSMENT:

To be completed by the physician or health care provider after reviewing PART I and completing PART II.

The physician or health care provider completes the following information after reviewing the student's health screening form with the student.

For students seeing a specialist for a serious ongoing condition, the approval of the specialist must be obtained prior to review by the Physician or health care provider.

Name of Student (please print)

Patient ID#

I have read the attached information about the rigors of study abroad and reviewed the student's Health Screening form with the student. Based upon the information provided to me by the student on the Health Screening form, and pursuant to a review of the student's personal health history, I find:

There are NO medical contraindications to participation and the student is cleared to study abroad.

Conditional clearance to study abroad, the student should arrange (in advance of going abroad), the following:

Services that would facilitate the student's education (e.g., note taking, wheelchair access). Student should contact the Disability Resource Center:

Take enough medication to last for the duration of the program or ensure that the medication is locally available. Indicate if significant allergy to any medication:

There ARE medical contraindications, and in my judgment, the student is NOT cleared to study abroad.

PRINT name of physician/health care provider Signature of physician/health care provider Date Telephone Number

Provider's Office address:



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**PART II. HEALTH SCREENING EXAMINATION** *(Continued)*

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**MENTAL HEALTH ASSESSMENT:**

- At present, there are NO apparent psychological contraindications to participation in the program.** However, mental health status can fluctuate over time.
- The undersigned recommends the availability of the following services** during the time abroad:
  - Psychological treatment, if needed
  - Psychiatric treatment, if needed
  - If the student continues on psychiatric medication at the time of their departure, arrangements should be made so that this treatment can continue during his/her time abroad.
- It is my professional opinion that **the student's mental health status contraindicates participation**, and in my judgment the student is **NOT cleared** to study abroad

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PRINT name of specialist/psychotherapist	Signature of specialist	Date	Telephone Number
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Provider's Office address:

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