



## UCEAP Health Clearance Form

### STUDENT INSTRUCTIONS

Refer to your UC Campus EAP Office health instructions as well. The UCEAP health clearance is a **mandatory requirement for participation**; it cannot be waived. All information is confidential and only shared with staff who will assist with facilitating health care, particularly during an emergency, while you are an EAP student.

1. *Do not delay in making your health clearance appointment.* Comply with the health clearance DEADLINE: 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, EAP.
2. Complete the Confidential Health History form (if your campus has online clearance procedures, follow them). Write your name, UC campus, and UCEAP program name, on the attached form *before* your appointment.
3. 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, EAP.**
4. Return the original and a copy of this form by the stipulated deadline to: Systemwide Office of UCEAP, University of California, 6950 Hollister Avenue, Suite 200, Goleta, CA 93117-5823.

### HEALTH CARE PROVIDER INSTRUCTIONS—READ carefully before signing form—

Health provider must be licensed in the U.S. and cannot be an immediate family member (AMA Code of Ethics E-8.19)

- The student must complete required information on the attached form. Blank forms, without the student's name, are not acceptable.
- **Consider the student's fitness and physical and mental health in relation to the country, the type of program, and the conditions in which the applicant will be living.** University of California will not approve a student's participation in EAP unless you certify that the student is medically stable.

### HEALTH CARE PROVIDER FOLLOW THESE STEPS:

1. **The student must present to you a completed UCEAP Confidential Health History form.** Please review the form for accuracy. A physical examination is not needed unless required by the program, or UC Student Health Center.
2. **Discuss/review the student's health history thoroughly referring to the Confidential Health History form completed by the student and the student's medical records on file,** paying particular attention to medications and immunizations that the student may need, any allergies the student may have, and all currently active health problems.
3. **Pay special attention to any physical, emotional or psychological conditions.** UCEAP is concerned for the well-being of students with a history of health conditions that 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, any medical condition they may have is under control,
    - ii. they have a contracted treatment plan in place (if there is any evidence of recent health/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 physical, emotional, or learning disabilities the student may have** so UCEAP can help the student to determine the availability of adequate local services.

If a specialist/s is/are currently seeing the student for an ongoing condition, each specialist must also approve and sign this clearance form, and provide legible contact information or the form may be returned. Please note that the student must be cleared to participate in UCEAP by a physician/health practitioner **and** each specialist.

# 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

\_\_\_\_\_  
EAP Program Name (Country/Host University/Term)

**HEALTH PROVIDER: Forms without signatures and required information will be considered incomplete and will be returned**

**Review** student's Confidential Health History form and medical records on file. **Discuss** the student's health history thoroughly in relation to the country, type of program, and local resources. If student is seeing a specialist, the approval and signature of the specialist(s) must be obtained before final clearance is granted.

*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:*

**Licensed Psychotherapist/Licensed Specialist\* (Section and signature required if checked)**

1.  **CLEARED** (Check all that apply below)

- 1.a No medical or psychiatric contraindications to EAP 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 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 the medication is locally available or if there is an appropriate substitute. If not locally available, student advised to carry a sufficient supply to last through EAP, but only if the medication can legally be brought into the country. If on medication, please list.

\_\_\_\_\_

\_\_\_\_\_

2.  **Student is NOT CLEARED:** There are **medical** contraindications to EAP participation.

3.  **Student is NOT CLEARED:** There are **psychiatric** contraindications to EAP participation.

Licensed Specialist/Psychotherapist (**PRINT LEGIBLY name and title**):

Phone number (include area code):

\_\_\_\_\_  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**Licensed Physician/Health Practitioner\***

1.  **CLEARED** (Check all that apply below)

- 1.a No medical or psychiatric contraindications to EAP 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 disability and indicating who will pay for services is required.

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- 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.**

\_\_\_\_\_

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- 1.d Student advised to find out if the medication is locally available or if there is an appropriate substitute. If not locally available, student advised to carry a sufficient supply to last through EAP, but only if the medication can legally be brought into the country. If on medication, please list. Indicate if significant allergy to any medication.

\_\_\_\_\_

\_\_\_\_\_

2.  **Student is NOT CLEARED:** There are **medical or psychiatric** contraindications to EAP participation.

Licensed Physician/Health Practitioner, MD, NP, DO, PA, or RN, (**PRINT LEGIBLY name and title**):

Phone number (include area code):

\_\_\_\_\_  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**\*Health provider must be licensed in the U.S. & cannot be an immediate family member (AMA Code of Ethics E-8.19)**

**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