



Confidential Health History Form

Instructions for Students (Please read carefully and complete attached **before** the health clearance)

DO NOT SEND A COPY TO YOUR CAMPUS EAP OFFICE OR THE UCEAP SYSTEMWIDE OFFICE

- THE UCEAP HEALTH CLEARANCE IS A NON-WAIVABLE REQUIREMENT TO PARTICIPATE IN UCEAP. IF YOU DO NOT COMPLY WITH ALL ASPECTS OF THE HEALTH CLEARANCE, YOU MAY NOT BE APPROVED TO PARTICIPATE IN, OR MAY BE DISMISSED FROM UCEAP.
- Complete the form accurately and truthfully **before** the health clearance consultation.
- *Failure to provide complete and accurate information may be grounds for non-participation in EAP.*
- The UCEAP Systemwide Office (UCEAP) must be informed of any recent medical or special needs or changes in health that occur after the health clearance. *You will be required to get a second clearance should your health condition change since the date of the initial clearance.*
- **Disclose on the confidential form all medical history to the health provider performing your clearance; even if you do not believe that a condition might create a problem for you while abroad.** Disclosure will allow medical professionals to help you make necessary arrangements or plans to ensure you have a successful experience. Identifying medical or mental health problems allows everyone involved the opportunity to work with you to make your program a success.

If you have a chronic medical condition, such as allergies or diabetes, prepare to manage your condition abroad. You need to anticipate how the new environment and the stresses of study abroad will affect your health. Preexisting psychological conditions are often intensified by living in a different culture. There may be fewer, or inadequate, local resources to help you manage potential triggers.

Students Using Medication

1. If you use medication, make sure that it is legal abroad and that you can take a supply to last throughout your stay. Medications that are legal and commonly prescribed in the U.S. may be considered illegal, require a prescription, or a host country authorization to be allowed in the country. You must find out whether your prescription medication is available and legal at your destination. Refer to #5 below.
2. Carry a letter from your physician on letterhead explaining your diagnosis, treatment, and list of prescribed medications. When going through Customs abroad, officials may scrutinize prescription medication. Carry your prescription in original containers, and the letter from your physician handy.
3. If you are taking a psychotropic, you must be stable on your medication before starting your UCEAP experience. Medically stable means that you must be in a state where any changes in symptoms are not foreseen or expected. Discuss proper medication management with your doctor.
4. If you are being treated for a psychological health condition, work closely with the physician to understand possible triggers, what medications you are taking and if they are available overseas, and how to reach out for help while abroad, if needed. You are expected to have a treatment plan identifying a therapist and frequency of appointments.
5. **Mailing medication abroad:** Most countries have very strict regulations on shipping medication abroad. Commonly prescribed medications in the U.S. can be stopped by the host country's Customs. Decisions on what medications are accepted into the country are made by the host country government; not the U.S. Post Office. Students should call Europ Assistance (UCEAP emergency travel assistance provider) at 1+(866) 451-7606 (inside the U.S.) or call collect 1+(202) 828-5896 (from outside the U.S.) or e-mail OPS@europassistance-usa.com, to get information about the legality of certain medicines.

Instructions (depending on the campus)

- FILL OUT** the confidential form completely and honestly **before your health clearance appointment**.
- TAKE** the completed form with you to your appointment and discuss your health history during your health clearance.
- GIVE** a copy of this form to the health care professional who performed your clearance.
- KEEP** original with your passport, in case of emergency.
- TAKE a copy** abroad in case of a medical emergency. **Do not mail a copy to the UCEAP Systemwide Office.**
- MAKE ADDITIONAL COPIES of this form.** You can give a copy to a health care provider abroad and to the Study Center Office abroad in case of a medical emergency.

UCEAP Confidential Health History Form

The UCEAP health clearance must be completed 60 days before departure (except for Chile). *It is a non-waivable requirement.* IF YOU ARE NOT IN COMPLIANCE, YOU MAY NOT BE APPROVED TO PARTICIPATE IN, OR MAY BE DISMISSED FROM UCEAP. Your answers below and a review of your medical records on file will be used during the health clearance process. **DO NOT SEND THIS CONFIDENTIAL FORM TO UCEAP.**

You must inform UCEAP of any recent medical or special needs or changes in health that occur before the start of the program.

Complete this form BEFORE your medical appointment. Failure to provide complete and accurate information may be grounds for non-participation in UCEAP. Failure to disclose health care problems may also lead to serious medical consequences during an emergency.

PRINT:
 Last name _____ First _____ Middle _____ Sex: M F
 Program/Country _____ Student I.D. _____
 Person to notify in case of emergency: _____
NAME

 ADDRESS: STREET _____ CITY _____ STATE, ZIP CODE _____ PHONE, INCLUDE AREA CODE _____

GENERAL HEALTH:
 List any recent or continuing health problems: _____
 List any physical or learning disabilities: _____
 Are you currently under the care of a doctor or other health care professional, including mental health treatment? Yes No
 Doctor's Name: _____ Phone/Fax: _____
 Address: _____
 For what condition(s): _____

SURGERIES: List type and year _____

DRUG/FOOD ALLERGIES: List any drug or food allergies and briefly describe reaction: _____

MEDICAL HISTORY: Students with known and ongoing medical conditions must prepare for and manage their condition overseas. Complete below:

	Y	N	Date		Y	N	Date		Y	N	Date
Chronic headaches/migraines				Ulcer/colitis				Back/joint problems			
Epilepsy/seizures				Hepatitis/gallbladder				High blood pressure			
Asthma/lung disease				Bladder/kidney problems				Thyroid problems			
Heart disease				Diabetes				Recurrent or chronic infectious diseases			
Anemia or bleeding disorder				Cancer/tumors				Other (List) _____			

MENTAL HEALTH HISTORY: Have you ever suffered from, been treated for, or hospitalized for the following?

	Y	N	Please provide an explanation below for any box you have checked
Any mental health condition, such as depression/anxiety			
Substance abuse (alcohol or drugs)			
Eating disorder (anorexia/bulimia)			
Are you taking/have ever taken medication for above problems?			

IMMUNIZATION RECORD: Indicate most recent date.

	Date		Date		Date
Polio immunization		Measles		Mumps	
Tetanus booster or Tetanus/diphtheria booster		Rubella		MMR	

MEDICATIONS: Student is responsible for ensuring that all medications are legally permissible abroad.

Are you currently taking any medications? Y N Please specify below; include any medication you carry for use, e.g., inhaler, bee sting kit.

SERVICES YOU WILL NEED TO FACILITATE YOUR EDUCATION (e.g., note takers)

I certify that all responses made on this form are complete, true and accurate. I understand that if there are any changes in my health status, I will contact UCEAP immediately. I understand that if I withhold information on this form I may be withdrawn from the program.

Student's Signature: _____ Date: _____