

Health Clearance: Form B
College of the Holy Cross Study Abroad
Health Clearance for Students Studying Abroad

Instructions for the Physician, Health Care Provider, or Specialist:*

The student named on the attached “*Health Clearance for Students Planning to Study Abroad*” form is scheduled to participate in the College of the Holy Cross’s Study Abroad Program. Depending on the program, students may spend up to a full year abroad and may live with a “host family. Living and studying in a foreign environment can create physical and emotional stress that can exacerbate otherwise mild disorders. It is important that all participants be able to adjust to potentially dramatic changes in climate, diet, as well as to living and studying conditions that may seriously disrupt accustomed patterns of behavior. Please help us determine what, if any, accommodation must be put in place to insure the students’ safety. Full disclosure is imperative and will not affect the applicant unless we cannot ensure student safety. Thank you for your careful assistance in filling out the attached form.

The required Holy Cross Health Clearance for students who study abroad includes the following steps:

1. If a student must meet certain requirements in order to obtain a visa, the student should have made a request to ensure these requirements are obtained during this Health Clearance appointment.
2. The student may present you with a fully completed “*Holy Cross Confidential Health History*” (**FORM C, pages 1 and 2**).
3. Please discuss/review the student’s health history thoroughly, referring to the “*Confidential Health History*” form and the student’s medical records on file, and paying particular attention to medications and immunizations that the student may need, any allergies the student may have, and all currently active health problems.
4. Please consider as well any emotional or psychological conditions and any medications the student is taking for these conditions. Study Abroad is especially concerned for the well-being of students who have medical and psychological conditions that require medication and/or continued therapy while abroad. *Students may be cleared with these conditions, provided they are in compliance with their prescribed treatment and stabilized on their medication, and that adequate arrangements can be made for their mental and physical health treatment abroad.*
5. Please impress upon the student the need to take, if possible, a sufficient amount of medication with him/her to last for the duration of his/her study abroad period and/or to verify that the medication is available and legal in his/her host country. Please provide the student with a copy of any prescription and a brief letter explaining the medical necessity of the medication. The student should have requested the prescription(s) and letter(s) when s/he made the appointment with your receptionist.
6. Please assess the need for any continued counseling or follow-up while abroad so that the Study Abroad Office can determine the availability of adequate facilities at the program site.
7. List any physical, psychological, emotional issues or learning disabilities the student may have and specify on this form the facilities or services recommended abroad.
8. Students who study abroad are required to sign a “Consent for Release or Exchange of Confidential Information” form valid for Holy Cross Study Abroad, Health Services, Counseling Center, and Disability Services and for the parallel offices at the abroad institution(s) the student plans to attend.

****Physician, health care provider, mental health care provider, and specialist must be licensed in the U.S. and cannot be an immediate family member of the student (AMA Code of Ethics E-8.19).***

TO BE FILLED OUT BY THE STUDENT:

First and Last Name of Student (PLEASE PRINT)

Program Name (Host University and Country)

Health Clearance: Form B
Licensed Primary Care Provider and/or Medical Specialist
College of the Holy Cross Study Abroad
Health Clearance for Students Studying Abroad

TO BE FILLED OUT BY THE PROVIDER:

PLEASE PRINT CLEARLY WITH A BALL POINT PEN. ALL LINES AND APPLICABLE BOXES MUST BE COMPLETED.

Licensed Primary Care Provider and/or Medical Specialist

I have read the attached information about the rigors of study abroad and have reviewed the student's "Confidential Health History" form and medical records on file, with the student. Based upon the information provided by the student on the "Confidential Health History" form, and pursuant to a review of the student's personal health history, to the best of my knowledge, the student is (please check one box):

- 1. **Unconditionally cleared to study abroad:** There are NO medical or psychiatric contraindications to studying abroad.
- 2. **Conditionally cleared to study abroad:** Please explain what accommodation (treatment, medication, facilities, etc.) needs to be in place for the student to study abroad.

- 3. **NOT cleared to study abroad:** There are **medical / psychiatric contraindications** to study abroad. Please explain:

Primary Care Provider and/or Medical Specialist:

Name and title (please print clearly)

Phone number

Signature: _____

Date: _____

Upon completion:
Student and Health Care Provider:
Make copy for your files.

Physician Stamp or Business Card Here