

HEALTH CLEARANCE FOR STUDY ABROAD

INSTRUCTIONS:

The University of Louisville's **Health Clearance for Study Abroad Programs** is a non-waivable requirement for acceptance and participation in a University-sponsored program. To ensure a healthy trip and a worthwhile learning opportunity, the University of Louisville **requires that a health care provider at Campus Health Services, or your family health care provider, complete a medical clearance form in consultation with you.**

1. All students must comply with the health clearance requirement within stipulated deadlines.
2. All students must use this form to get their health clearance, regardless of where their health clearance is obtained.
3. Your acceptance to any study abroad program/ trip will remain conditional until the receipt and review of this 2-page form by the Campus Health Services staff.
4. If you have chronic medical/ behavioral health conditions that are being managed by additional providers, each provider must complete the second page of this form by the stipulated deadlines.
5. Please fill out and sign the first page of this form. Send both pages of this form plus the attached trip summary to your health care provider or bring them with you to your appointment at Campus Health.

Immunizations:

You are required to have received the immunizations mandated by your program. Please consult your program director for mandated immunizations. Please be aware that you may require more vaccines than those mandated, if you are in need of routine immunizations. Both Campus Health Service clinics can accommodate your immunization needs. Please call Campus Health (Belknap: 852-6479 or HSC: 852-6446) to schedule a travel immunization appointment. You will also be given substantial health and safety information at this appointment, specific to your trip itinerary and any additional travel that you may plan to add to your program.

Name: _____

Program: _____ Country/ Countries: _____

Travel outside of program: No Yes (describe) _____

Travel dates: _____

I authorize the release of health information related to my planned travel to the Campus Health Services, A & S International Programs of the University of Louisville, and the faculty director or administrator of my study abroad program. If any situation regarding my health status changes prior to trip departure, I understand that I must notify Campus Health Services and my study abroad advisor. Failure to do so may result in serious risk to my health. I further understand that, in some instances, medical clearance for travel may be rescinded.

Signature: _____ Date: _____

Student Name: _____

Date of birth: _____

****To the health care provider:** Please read carefully

- The student above has applied to participate in a study abroad program through the University of Louisville.
- Depending on the program, the student may spend from 2 weeks to several months abroad. Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders.
- The University of Louisville requires completion of this form by a health care provider prior to final acceptance into the student's desired program. Please consider past and current medical and mental health condition and history thoroughly. *Students may be cleared to travel with these conditions provided they are in compliance with and stable on their medications.*
- Please send this completed form, along with the accompanying student agreement, to the address on the accompanying form by **February 10**.
- Failure to meet the deadline could result in the student being unable to participate.

1. Indicate any allergies or dietary restrictions:

Medication: _____

Environment/ food: _____

Dietary Restrictions: _____

2. Does the student have any physical disabilities which might require accommodation or cause problems with a change in diet, carrying heavy luggage, or strenuous travel?

3. Please explain any chronic or acute health conditions that may require additional treatment while the student is abroad.

4. If female, is the student pregnant or is there any possibility that the student could be pregnant? _____

If pregnant, what is the due date? _____

5. What medications will the student require while traveling?

Prescription _____

OTC _____

I have counseled the student on the need to take a sufficient amount of medication for the duration of the trip. Local sources for refilling of medication may not be readily available.

6. Are there any other health care practitioners (specialists, consultants, psychotherapists, etc.) that need to be consulted prior to final approval for travel? *Please note: if you do not provide management of a student's chronic medical or behavioral health condition or medication, we request contact information for that provider.* _____

Thank you very much for your assistance and cooperation.

Provider Signature _____

Phone # (with area code) _____

Provider Name (printed) _____ Address _____

