

Confidential Health History Form

***** DO NOT SEND A COPY OF THIS FORM TO YOUR CAMPUS EAP OFFICE OR TO THE UCEAP SYSTEMWIDE OFFICE *****

Instructions for Students

(Read carefully and complete attached **before** the health clearance)

- *The UCEAP Health Clearance is a requirement to participate in UCEAP. IT CANNOT BE WAIVED. If you do not comply with all aspects of the UCEAP health clearance process, you may be dismissed from UCEAP.*
- *Complete this form accurately and truthfully before the health clearance consultation. Failure to provide complete and accurate information may be grounds for non-participation in UCEAP.*
- *Inform UCEAP of any recent medical or special needs, and/or if any changes in health occur after the health clearance. You will be required to get a second clearance should your health history change since the date of the initial clearance.*
- *Disclose on this form all medical history to the health provider performing your clearance; even if you believe that a condition is under control. Your confidential disclosure will allow medical professionals to help you make arrangements or plans to facilitate your successful UCEAP experience. Identifying medical or mental health problems allows everyone involved in this process the opportunity to work with you to anticipate potential complications. We strongly encourage you to disclose so you can have a meaningful, rewarding and safe experience.*

If you have a chronic medical condition, such as allergies or diabetes, prepare to manage your condition abroad. Consider 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. Also, there may be fewer, or inadequate, local resources to help you manage potential triggers.

For Students Traveling with Prescription Medication

1. Make sure that it is legal abroad and that you can take a supply to last throughout your stay. Although medications in amounts clearly related to personal use are rarely inspected or questioned, customs officials can become suspicious of medications in large quantities. If intending to travel with prescription medications containing controlled substance, review medication regulations in official government sites. Check your UCEAP Program Guide for specific information. Also, addresses and excerpted national statutes for most countries can be found at the International Narcotics Control Board, www.incb.org/incb/en/psychotropic-substances/travellers_country_regulations.html.
2. Carry a letter from your physician, on letterhead, explaining your diagnosis, treatment, and prescription regimen. Carry your prescription in original containers, and keep the letter from your physician handy.
3. If you are taking a psychotropic, you must be stable on your medication. 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 **before** departure.
4. If you are being treated for a psychological condition, work closely with your doctor to design a treatment plan and understand possible triggers, what medications you are taking, if they are available overseas, and how to reach out for help while abroad, if needed.
5. Mailing medications abroad: **Individuals cannot mail medications abroad.** Most countries have strict regulations on shipping medication abroad. Decisions on what medications are accepted into the country are made by the host country government; not the U.S. Post Office. Medications can be stopped by the host country's Customs office.

Instructions (depending on the campus)

- FILL OUT** this form completely and honestly **before your health appointment**.
- TAKE** the completed form with you to your appointment and discuss your health history with the practitioner.
- GIVE** a copy of this form to the health practitioner who performed your clearance.
- TAKE a copy** abroad in case of a medical emergency. **Do not mail a copy to the UCEAP Systemwide Office.**

UCEAP Confidential Health History Form

***** DO NOT SEND THIS CONFIDENTIAL FORM TO UCEAP *****

The UCEAP health clearance must be completed 60 days before departure (except for Chile, check with your campus). *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 & mental health records on file will be used during the health clearance process.

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. Your confidential disclosure could prevent complications during an emergency and/or help to plan better for a successful and safe experience abroad.

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 _____ DAYTIME PHONE, INCLUDE AREA CODE _____

GENERAL HEALTH:

List any recent or continuing health problems: _____

List any physical or learning disabilities: _____

Are you currently (last 12 months) 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 been diagnosed, 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, including depression/anxiety			
Substance abuse (alcohol or drugs)			
Eating disorder (anorexia/bulimia)			
Are you taking/have ever taken medication for above?			

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 Specify name, type, & brand of any medication and whether you use 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: _____