

LACOSTE HEALTH CLEARANCE FORM

SECTION I: STUDENT

STUDENT:

The Lacoste Health Clearance Form ("Clearance Form") is necessary to determine if you are physically and mentally fit for our 9-week residential program in Lacoste, France. **All participating SCAD students are required to submit a completed Clearance Form.** The medical provider(s) must be licensed in the U.S. or jurisdiction where the student resides and cannot be a relative of the student. Additionally, the Clearance Form must be filled out by **ALL** medical or mental health providers from whom you have received ongoing care and/or prescription medications (i.e. mental health providers, physicians, medical specialists) **within the last year.**

General Requirements for Program Participation:

- Be physically and mentally fit to live and study in Lacoste, France. Lacoste is a medieval French village. Resources in Lacoste are different or fewer than those offered in SCAD Atlanta and SCAD Savannah. For example:
 - The terrain in Lacoste is physically demanding. The streets are cobblestone and uneven, and there is a VERY steep incline and/or decline throughout the entire village.
 - The campus is decentralized, with the result that you must walk up, down and throughout the village to go between the residences, cafeteria and classrooms. You will often go from the top of the village to the very bottom in Maison Basse multiple times a day. You will be walking a lot.
 - While van rides to and from classes and activities are sometimes provided, they are not guaranteed. Transportation is very limited and students will primarily be walking to classes, activities, extended learning opportunities and excursions.
- Be able to align their health care needs with the limited resources that are available in Lacoste. For example:
 - Qualified wellness support staff will be available during the first two weeks of the quarter to help students with adjustment concerns and assist with referrals to a local mental health counselor. The counselor will schedule sessions directly with the student for ongoing mental health support during their time in Lacoste.
 - The nearest general practitioner's office is a 15-minute drive away from Lacoste and they only see patients three afternoons a week. The nearest hospital is over 30 minutes away.
 - The Café Beauregard kitchen staff makes every effort to label dietary preferences such as vegan or vegetarian. They also label allergens such as nuts or seafood, and intolerances like gluten or lactose. Students are responsible for notifying SCAD of their dietary restrictions and allergies. The kitchen cannot guarantee that there will be no cross contamination of foods. It is the student's responsibility to ask in case of doubt before serving themselves.
- Be able to exercise good judgment and safely fulfill all essential components of the off-campus program experience, including appropriate standards of conduct. Students must be able to display flexibility and to function in the face of potentially uncertain or stressful situations.
- Be able to live in a setting quite different from that to which they may be accustomed and that may aggravate any existing health conditions.
- Participate in excursions and activities as a group, which will include moderate physical activities such as hiking, walking, and other recreational activities, the equivalent of climbing and descending 12-16 flight of stairs daily.

General Medical History:

Have you seen a medical or mental health provider for treatment of an ongoing health issue within the last 12 months?

____ Yes ____ No

If yes, please provide the following information for all providers you have seen in the last 12 months:

Health Provider 1 Name: _____ Phone: _____

Health Provider 1 Office: _____ Date last seen: _____

Health Provider 2 Name: _____ Phone: _____

Health Provider 2 Office: _____ Date last seen: _____

Please include information regarding any additional health providers seen in the last 12 months on a separate page if needed.

All health providers identified herein must receive and complete the Clearance Form.

Certification

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED HEREIN IS COMPLETE, TRUE AND ACCURATE. I UNDERSTAND THAT IF I MISREPRESENT OR FAIL TO PROVIDE THE INFORMATION REQUESTED IN THE CLEARANCE FORM, THEN I MAY BE BARRED FROM PARTICIPATION IN, DISMISSED FROM, OR TOLD TO DISCONTINUE PARTICIPATION IN THE PROGRAM. I FURTHER UNDERSTAND THAT IF THERE ARE ANY CHANGES IN MY HEALTH STATUS AFTER I HAVE COMPLETED THIS CLEARANCE FORM, I WILL CONTACT SCAD IMMEDIATELY; I ALSO GIVE PERMISSION FOR MY HEALTH PROVIDER TO CONTACT SCAD DIRECTLY IN THAT CIRCUMSTANCE.

Student Name: _____ SCAD ID: _____

Student Signature: _____ Date: _____

Quarter Attending Lacoste: _____

LACOSTE HEALTH CLEARANCE FORM

SECTION II: MEDICAL PROVIDER

STUDENT: Print clearly with a pen before appointment with medical provider. Reminder: ALL medical providers identified in the Student portion of the Clearance Form must complete this Form.

Student Name: _____ SCAD ID: _____

Quarter Attending Lacoste: _____

MEDICAL PROVIDERS:

The Lacoste Health Clearance Form ("Clearance Form") is necessary to determine if the Student is physically and mentally fit for SCAD's 9-week residential program in Lacoste, France. **All participating SCAD students are required to provide a complete Clearance Form.** The medical provider must be licensed in the U.S. or jurisdiction where the student resides and cannot be a relative of the student. Additionally, the Clearance Form must be filled out by **ALL** medical or mental health providers from whom the Student has received ongoing care and/or prescription medications (i.e. mental health providers, physicians, medical specialists) **within the last year.**

Instructions

- Review and discuss the Student's health thoroughly, referring to 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.
- Review the General Requirements of Program Participation, located on the Student portion of the Clearance Form.
- Indicate on the Clearance Form if the Student requires services to facilitate participation in the academic program so that SCAD can assist the Student in determining the availability of adequate services at the program site.
- Provide all required information and sign the Clearance Form. Forms without signatures and/or required information will be considered incomplete and will be returned.
- Notify SCAD immediately if there are any changes to the Student's health status that impacts the medical clearance after completing this Clearance Form

Generally, students may be cleared for participation if the following conditions are met, although the discretion falls squarely within the discretion of the healthcare provider:

- In the reasonable opinion of the examining medical provider, any medical condition they may have is under control,
- They have a treatment plan in place for required ongoing care while abroad, and/or
- They have been stable on their medication for a reasonable period.

Medical History:

Date of initial contact with Student: _____ Date of last contact with Student: _____

I have conducted an exam of the Student, including a review of the Student's health history: Yes ____ No ____

I have reviewed the General Requirements for Program Participation with the Student: Yes ____ No ____

I have discussed with the Student the health and medication management and services that would be needed in Lacoste, France. Yes ____ No ____

If Student takes medication: I have informed the Student that they must take a sufficient

amount of medication to last for the duration of their program and to make sure that the prescription is available and legal in France.

Yes ____ No ____ N/A ____

Medical Clearance:

I have reviewed thoroughly the Student's health and medical records on file, and have discussed with the Student the details concerning this study abroad opportunity and any health concerns related to same. Based on the information contained in the Student's medical records, as well as my current observation of this Student, the Student is:

☐ **Student is CLEARED (Check all that apply below)**

- ☐ No medical or mental health contraindications to participation in the study abroad program Student has chosen.
- ☐ Student requires accommodations to facilitate participation in the academic program. (*SCAD cannot guarantee that requested accommodations can be made; Student must submit documentation of their disability or health-related need, along with a request for reasonable accommodation to SCAD's Counseling and Student Support Services so that SCAD can evaluate the request.*)
- ☐ Student requires accommodations to facilitate a healthy and safe participation in the study abroad program. (*SCAD cannot guarantee that requested accommodations can be made; Student must submit documentation of their disability or health-related need, along with a request for reasonable accommodation to SCAD's Counseling and Student Support Services so that SCAD can evaluate the request.*)
- ☐ Student requires a sufficient supply of medication to last through the duration of the study abroad program.

Please list current medications: _____

- ☐ Student has a significant allergy to certain medication(s) and/or certain food(s).

Please list: _____

☐ **Student is NOT CLEARED: There are physical or mental health contraindications to participation in the study abroad program student has chosen.**

Licensed Medical Provider (PRINT LEGIBLY name, title and specialty):

Signature: _____

Date: _____

Name: _____

Specialty: _____

Prof. Lic. No.: _____

State: _____