

## STUDY ABROAD HEALTH CLEARANCE FORM

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**STUDENT:** This medical clearance form should be filled out by each medical or mental health practitioner from who you are receiving care and/or prescription medications (i.e. mental health providers, physicians, medical specialists).

The information we request from you, the medical provider, is to determine if the student is physically and mentally fit for our 9-week residential Study Abroad Program. **All participating SCAD students are required to provide us a complete Health Clearance Form.**

**All student participants must meet the following general requirements for program participation:**

- Be physically and mentally fit to: live and study abroad, including overseas, where resources are different or fewer than those to which they are accustomed; exercise good judgment; and safely fulfill all essential components of their 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 align their health care needs with the limited medical resources that may be available abroad. In some abroad campuses, the nearest general practitioner's office is a 15 minute drive, not open every date of the week, and the nearest hospital could be over 30 minutes away. **There are no onsite mental or physical health support.** Transportation is limited and students are dependent upon SCAD staff for transportation.
- 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. Study Abroad campuses can generally cater to vegetarianism, however any other food restrictions (i.e. gluten-free, lactose-free, Kosher, etc.) are difficult, or in some cases, impossible to accommodate.
- Participate in excursions and activities as a group in the area, 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. Some Study Abroad campuses are in countries where there are no ADA laws and therefore the infrastructure to accommodate the disabled is dismal.

**Health/Mental Care Providers: Please follow these instructions:**

- Discuss/review the student's health thoroughly, referring to the student's medical records on file and the general requirements of program participation set forth above; paying particular attention to medications and immunizations that the student may need, any allergies the student may have, and all currently active health problems.
- Indicate on the Health 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.

**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 practitioner and specialist(s), any medical condition they may have is under control,
- They have a treatment plan in place for required ongoing care while abroad, and
- They have been stable on their medication for a reasonable period.

Indicate on the attached form that you have discussed with the student health and medication management, and services that would be needed abroad. Students must take a sufficient amount of medication to last for the duration of their study abroad program and make sure that the prescription is available and legal in the host country. You may need to write a letter for the student to bring along with any medications, describing the medication and prescription.

**STUDENT: Print clearly with a pen before appointment with medical provider**

Student Name: \_\_\_\_\_ SCAD ID: \_\_\_\_\_

Quarter Attending Study Abroad: \_\_\_\_\_

**HEALTH PROVIDER: Forms without signatures and/or required information will be considered incomplete and will be returned. Health provider must be licensed in the U.S. or jurisdiction in which the student resides and cannot be an immediate family member of the student.**

Please read the information provided on the front of this form pertaining to the Study Abroad program. Please review student's health and discuss thoroughly, referring to the student's medical records on file and the general requirements of program participation set forth above, what is indicated for the success of the student.

*I have reviewed thoroughly the student's health, medical records on file, and have discussed with the student the details concerning this study abroad opportunity in attached program description 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, to the best of my knowledge, 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; students 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 contact so that the school can evaluate the request.)*
- Student requires accommodations to facilitate a healthy and safe stay abroad. Indicate whether the student has treatment plan in place and is stable. *(SCAD cannot guarantee that requested accommodations can be made; students 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 contact so that the school can evaluate the request.)*
- Student requires a sufficient supply of medication to last through the duration of the off campus program experience.

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 Physician, Specialist, Mental Health Provider (PRINT LEGIBLY name, title and specialty):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Prof. Lic. No.: \_\_\_\_\_

State: \_\_\_\_\_