



# International Program Medical Report

## Part I: Student

### **DEADLINES TO RETURN FORM TO**

#### **EAO:**

Summer Abroad: **April 1<sup>st</sup>**

Fall Abroad: **May 1<sup>st</sup>**

Winter Abroad: **November 1<sup>st</sup>**

Spring Abroad: **February 1<sup>st</sup>**

**BRING THIS 2 PART FORM and YOUR IMMUNIZATION RECORDS WITH YOU TO YOUR MEDICAL CARE PROVIDER APPOINTMENT.**

Please complete and sign PART I of this report prior to your appointment if you will be abroad for more than three weeks.

Student Name

ID Number

Program Name and Location (City and Country)

Date of Birth

Email

Phone

**Health Abroad:** The pressures of living and/or studying abroad are considerable. Mild disorders can become serious under the stress of life and study in a new environment due to local conditions (pollution, new pollens, climate, etc.), the stress of cultural adjustment, types of medical care available overseas, and/or changes in time, diet and exercise. The **US health care system will be different from that available in the host country.** Therefore, it is important that Seattle University be aware of any medical or emotional concerns that may affect you while studying abroad.

1. Please indicate any medical treatments, services, or dietary restrictions you currently have/receive that you anticipate you will/may need during your study abroad experience:

2. Do you have a disability that will require accommodations while abroad?  YES  NO
3. Are you currently registered with Disabilities Services?  YES  NO

*If you answered **yes** to either of these questions, please begin working with Disability Services, Education Abroad and your program provider at least three months prior to going abroad to create a plan of support. If you do not disclose your disability and/or identify your needs in a timely manner, you may not be able to obtain appropriate accommodations once you are abroad.*

### **Informed Consent (initial each statement below):**

I understand I am solely responsible to **disclose my health conditions** to my healthcare provider or the professional preparing this health report in order to adequately **discuss the impact of any serious health risks on those conditions.**

\_\_\_\_\_ (Initial)

I understand it is my responsibility to **obtain and carefully evaluate possible health and sanitation conditions** in my program location and discuss the impact of those conditions on my health with my provider. These may be obtained from the Center for Disease Control (CDC), the US Department of State (DOS), the World Health Organization (WHO) and other healthcare sources. \_\_\_\_\_ (Initial)

I take **responsibility for the consequences** of not following CDC, DOS, WHO or program immunization, vaccination or prophylaxis recommendations. \_\_\_\_\_ (Initial)

As a condition of my participation in an international program, I hereby authorize the health care professional conducting this examination to **disclose this information to the Seattle University Education Abroad Office.** \_\_\_\_\_ (Initial)

STUDENT SIGNATURE

DATE

# International Program Medical Report

## PART II: Medical Provider

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Student Name

ID Number

**Directions to the Health Care Provider:** Your patient, a student at Seattle University, is accepted into a Seattle University education abroad program. Students are required to submit a medical report from a licensed health care provider (HCP) within three months prior to departure to verify that the student has no health conditions that may prevent them from participating in the program. The deadlines are as follows: **Summer Abroad: April 1<sup>st</sup> Fall Abroad: May 1<sup>st</sup> Winter Abroad: November 1<sup>st</sup> Spring Abroad: February 1<sup>st</sup>**

**Health and Study Abroad:** The pressures of living and/or studying abroad are considerable. Mild disorders can become serious under the stress of life and study in a new environment due to local conditions (pollution, new pollens, climate, etc.), the stress of cultural adjustment, types of medical care available overseas, and/or changes in time, diet and exercise. The US health care system will be different from that available in the host country. Therefore, it is important that Seattle University be aware of any medical or emotional concerns that may affect the student while studying abroad.

**Health Assessment/Physical Examination:** Please perform a complete medical examination of the student in order to answer the questions below. A history and physical examination report of this student is not required, but, if preferred, you can submit one with this form. Please provide the following information:

1. Does the student have any medical or mental health condition that could affect his or her ability to participate fully in a rigorous study abroad program?  Yes  No  Pending Doctor's Letter (For SU HCP only)

**If yes, please explain, specifically addressing how the condition may affect the student's ability to fully participate in the study abroad program. In addition, please identify proposed accommodations.**

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2. Does the student have any health concerns or conditions that in the course of the student's participation in the program present a risk of harm to the student or to others?  Yes  No

**If yes, please describe the nature, duration, severity and probability of harm and a reasonable accommodation.**

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3. List ALL medications that the student takes regularly and the condition/s being treated.

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4. List ALL drugs/substances to which the student is allergic.

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**Note: As a condition of participation, the student has signed a release that allows confidential discussion of the results of this examination with the Seattle University Education Abroad Office so appropriate accommodations, etc. may be considered.**

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Name of Health Care Provider (please print)

Date

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HealthCare Provider Signature

Type of Practice

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Address

Phone